4. Cardinal employee faxes 222s to distribution center. **This should be done using one transmission and the DEA222 Transmission Log should be the last page of the fax.**

5. Fax is received in distribution center by Operations Manager or designee.

6. Operations Manager or designee verifies faxed 222s received with information on the DEA 222 Transmission Log. Faxed copies of 222s are checked for legibility and compliance and are processed according to DEA regulations.

    a) If any discrepancies exist that would require 222s to be re-faxed, Operations Manager or designee contacts Cardinal crossdock employee.

7. Cardinal crossdock employee places original 222s in a sealed envelope for delivery to the distribution center.

8. Operations Manager or designee delivers faxed 222s to the vault.

9. Vault clerk fills orders and files faxed 222s. Orders are held until original 222s arrive at the distribution center and are compared to the orders.

FROM THE CUSTOMER:

1. Customer faxes 222 directly to the distribution center.

2. Operations Manager or designee checks 222 for legibility and compliance and processes according to DEA regulations.

a) If any discrepancies exist that would require 222 to be re-faxed, Operations Manager or designee contracts the customer.

3. Customer gives original 222 to contract delivery driver in a sealed envelope for delivery to distribution center.

4. Operations Manager or designee delivers faxed 222 to the vault.

5. Vault clerk fills order and files faxed 222. The order is held until the original 222 arrives at the distribution center and is compared to the order.

Preservation of Order Forms

(21 CFR 1305.13)

- The purchaser retains copy 3 (blue) of each filled order form. The purchaser also retains in his/her files all copies of each unaccepted or defective order form and any statements attached to them.

- The supplier retains copy 1 (brown) of each order form that has been filled.

- Order forms must be maintained separately from all other records of inspection for two years (as are all records of controlled substance transactions). If a purchaser has several registered locations, copy 3 (blue) of the executed order forms and any attached statements or other related documents (not including unexecuted order forms which may be kept elsewhere pursuant to **(21 CFR 1305.06 (d))** must be kept at the registered location printed on the order form.

  Note: State record keeping requirements may be more than two years and records should be maintained accordingly.

Unaccepted and Defective Order Forms
(21 CFR 1305.11)

Federal regulations applicable to the handling of such order forms are as follows:

- No Order Form shall be filled if it:

  (1) Is not complete, legible, or properly prepared, executed, or endorsed; or

  (2) Shows any alteration, erasure, or change of any description.

- If an Order Form cannot be filled for any reason under this section, the supplier shall return Copies 1 (brown) and 2 (green) to the purchaser with a statement as to the reason (e.g., illegible or altered). A supplier may for any reason refuse to accept the order; a statement that the order is not accepted shall be sufficient for purposes of this paragraph.

- When received by the purchaser, Copies 1 (brown) and 2 (green) of the Order Form and the statement shall be attached to Copy 3 (blue) and retained in the files of the purchaser in accordance with **21 CFR 1305.13**. A defective Order Form may not be corrected; it must be replaced by a new Order Form in order for the order to be filled.

- Any information which is pre-printed on the order form may not be altered in any way.

Pursuant to these regulations, order forms should be returned to the customer under the following circumstances:

- The writing is illegible or it is otherwise impossible to identify a customer's registration number, items specified or quantities, or there is improper execution or endorsement.
- There are alterations, erasures, or changes resulting in questions regarding the identity of the customer, customer's registration number, items or quantities.
- Signatures are omitted.
- Sixty days have elapsed from the date of execution by the purchaser.
- The last line completed is greater than the last line specified.

- The number of line items is greater than the total number of items specified.
- Customer voids a line.

Federal order forms which identify the customer's registration number, items and quantities, and which are properly signed but are incomplete or have minor errors may be corrected to the following extent:

- The supplier's name, address, city, state, or zip code may be added when omitted by the customer.
- The supplier's address, city, state or zip code may be corrected.
- The date of the order may be added when omitted. Whenever possible, the postal date on the envelope should be used.
- It is permitted to add or change hydrochloride, sulfate, phosphate, ampules, tablets, etc. if the customer's order is correct in all respects except that it is specified in error; for example, specifies capsules and the product requested is properly designated and supplied in tablets.
- A letter or digit in the National Drug Code designation may be corrected if the controlled substance is described correctly, or the strength stated may be corrected if the quantity of controlled substance is not increased in any way.
- Order forms may be accepted when the customer has sent all three copies of the form to the supplier, but the customer's copy must be forwarded to him in advance of the shipping product.
- Order forms received by the supplier without interleaf carbon may be accepted, but the supplier must insert a replacement carbon between the forms before making any entries on the form.
- If a form is received which lists a package amount which is unavailable, a lesser amount may be shipped (e.g. order is for package size 100, if unavailable may ship package size 50), or if a form is received which lists a package amount which is unavailable, different package sizes not to exceed the original amount may be shipped (e.g. ordered 1 x 1000, may ship 10 x 100).
- Lesser number of line items ordered than line items specified, if the supplier crosses out the remaining lines before filling the form.
- Last line completed has been incorrectly noted. The order form should not be rejected when it is clear that this is due to misinterpretation, rather than an attempt to facilitate diversion.

A single item must be canceled for the following reasons, but the balance of the order may be shipped:

- If the number of packages, size of package, or strength has been altered by the person preparing the order form.

- If the item requested is discontinued or not listed, or is a non-controlled substance or is a controlled substance other than a Schedule I or II controlled substance.
- Strength is dittoed on the order form rather than designated.
- Strength is omitted (except trademark items when National Drug Code number is listed).
- Size of package incorrectly stated (quantity may be reduced).
- Size of package omitted.
- When a multiple item order is properly prepared and complete in all other respects but a single item has a non-correctable defect, this item may be canceled in lieu of returning the order form to the customer.

Refer to DEA Correspondences 6/29/92, 12/16/92, 7/28/94, and 9/14/95 for regulatory interpretations.

Cancellation and Voiding of Order Forms

(21 CFR 1305.15)

- A purchaser may cancel part or all of an order on an order form by notifying the supplier in writing of such cancellation. The supplier indicates the cancellation on copies 1 (brown) and 2 (green) of the order form by drawing a line through the canceled items and printing "Canceled" in the space provided for number of items shipped.

- A supplier may void part or all of an order form by notifying the purchaser in writing of such voiding on an **Order Form Rejection Notification (Form #6).** The supplier should keep a copy of the order form and the notification. The supplier indicates the voiding in the manner prescribed for cancellation in paragraph (a) of this section.

- No cancellation or voiding permitted by this section affects in any way contract rights of either the purchaser of the supplier.

Narcotic Order Form Review

The DEA has established specific criteria for the acceptance of Narcotic Order Forms. To assure that the appropriate personnel receive continuous training with respect to these regulatory requirements, the previous day's Narcotic Order Forms must be reviewed for compliance with DEA regulations. Complete a **Narcotic Order Review Form (Form #7)** for any order forms that were processed in violation of DEA regulations. Discuss violations and the appropriate responsive action with personnel involved. File the Narcotic Order Review Form with a copy of the corresponding DEA Form 222.

Procedure for Endorsing Order Forms

(21 CFR 1305.10)

- An order form made out to any supplier who cannot fill all or part of the order within the time limitation set forth in 1305.09 may be endorsed to another supplier for filling. The endorsement is made only by the supplier to whom the order form was first made, states (in the space provided on the reverse sides of copies 1 (brown) and 2 (green) of the order form) the name and address of the second supplier, and is signed by the person authorized to obtain and execute order forms on behalf of the first supplier. The first supplier may not fill any part of an order on an endorsed form. The second supplier fills the order if possible and if the supplier desires to do so, in accordance with **21 CFR 1305.09(b),(c) and (d)** including shipping all substances directly to the purchaser.

- Distribution made on endorsed forms is reported by the second supplier in the same manner as all other distributions except that where the name of the supplier is requested on the reporting form, the second supplier records the name, address and registration number of the first supplier.

Lost or Stolen Order Forms

(21 CFR 1305.12)

- If a purchaser ascertains that an unfilled order form has been lost, the purchaser should execute another in triplicate and a statement containing the serial number and date of the lost form, and stating that the goods ordered in the first order form were not received through loss of that order form. Copy 3 (blue) of the second order form and a copy of the statement are retained with copy 3 (blue) of the order form first executed. A copy of the statement is attached to copies 1 (brown) and 2 (green) of the second order form sent to the supplier. If the first order form subsequently is received by the supplier to whom it was directed, the supplier marks it as "Not accepted" and returns copies 1 (brown) and 2 (green) to the purchaser, who attaches it to copy 3 (blue) and the statement.
- Whenever any used or unused order forms are stolen or lost (besides in the course of transmission) by any purchaser or supplier, immediately upon discovery of the theft or loss, that person reports it to the local office of the Drug Enforcement Administration stating the serial number of each form stolen or lost. If the theft or loss includes any original order forms received from purchasers and the supplier is unable to state the serial numbers of such order forms, the supplier should report the date or approximate date of receipt and the names and addresses of the purchasers. If an entire mailing envelope of order forms is lost or stolen, and the purchaser is unable to state the serial numbers of the order forms it contained, the purchaser should report, in lieu of the numbers of the forms contained in the envelope, the date or approximate date the envelope was issued. If any unused order form reported lost or stolen subsequently is recovered or found, the Registration Unit should be notified immediately.

Return of Unused Order Forms

(21 CFR 1305.14)

If the registration of any purchaser terminates (because the purchaser dies, ceases legal existence, discontinues business or professional practice, or changes the name or address shown on the registration), or is suspended or revoked (pursuant to 21 CFR 1301.45 or 1301.46 of this chapter), the purchaser (or his/her executor) should return all unused order forms for controlled substances listed in Schedules I and II for which the purchaser is registered to the nearest DEA office.

REQUIRED REPORTS TO DEA

Wholesalers are required to report regularly to DEA's ARCOS Unit all receipts and disposals of all Schedule I and II drugs and Schedule III narcotics. In addition, wholesalers are required to submit other reports to DEA under certain circumstances (e.g., drug thefts, drug destructions and suspicious orders).

ARCOS Reports

(21 CFR 1304.33)

Every wholesaler who handles controlled substances in Schedule I and II and/or narcotics in Schedule III must report to the ARCOS Unit, as follows:

When

Annual Inventory	To be taken on December 31
Initial Inventory	To be taken on the effective date that a substance becomes reportable
Transaction Reporting	Quarterly, or, with DEA permission, monthly

All reports are required to be submitted within 15 days after the end of the report period by certified or registered mail, return receipt requested.

Note: The Automation of Reports and Consolidated Orders System (ARCOS) is the automated system developed by DEA to monitor selected controlled substances. ARCOS software enables the government to maintain a current and historical record of controlled substance inventories and transactions from the point of manufacture to the point of sale, distribution, or other disposition, and finally, to the dispensing (consumption) level.

Refer to The ARCOS Reporting Manual (Appendix A) for additional information.

Optional ARCOS Reporting Modes

Registrants using punched card accounting machines or electronic data processing equipment should submit either card decks or magnetic tapes. Registrants without automated systems must use the Manual ARCOS OCR Form - **DEA Form 333 - (Form #9).**

Reporting ARCOS Data from Another Location

For authorization to report ARCOS data from other than a registered location, a central reporting identified must be obtained from the ARCOS unit at the above address.

DEA Order Forms

(21 CFR 1305.09 (d))

Copy 2 (green) of the order form shall be sent to the local DEA office at the close of the month during which the order was filled. If the order is filled by partial shipments, Copy 2 (green) shall be forwarded at the close of the month during which the final shipment is made or during which the 60-day validity period expires.

Drug Thefts/Losses

(21 CFR 1301.74(c))

The registrant notifies the DEA field office in that area of any theft or significant loss upon discovery of such theft or loss on **Report of Theft or Loss of Controlled Substances -DEA Form 106- (Form #10).** Reports must be submitted within seven (7) days of the incident. Reporting in-transit losses is the supplier's responsibility. Reporting responsibility for shipments for which you have a signed receipt lies with the customer.

The reporting of inventory variances on DEA form 106 must be carefully evaluated. The most recent DEA policy addressing this issue reads as follows: "DEA regulations require a registrant to maintain inventory records to track the flow of controlled substances but do not require the maintenance of perpetual inventories. If a firm elects to regularly track inventory balances and notes a theoretical discrepancy, the firm should make every effort to resolve it within a timely manner. If it is determined that an actual discrepancy is the result of a theft or significant loss of controlled drug product, then the nearest DEA field office must be notified immediately upon discovery and the theft or loss must be reported on a DEA Form 106." Variances which are the result of record keeping or order filling errors need not be reported.

Any ARCOS reportable items filed on **DEA Form 106** should also be submitted to ARCOS.

Note: Some state agencies require copies of all DEA Forms 106 filed with DEA.

Drug Destructions

(21 CFR 1307.21)

If a wholesaler wants to destroy certain controlled substances (e.g., damaged goods, returns, etc.), the wholesaler should notify the DEA special agent in charge on **Registrant Inventory of Drugs Surrendered - DEA Form 41 - (Form #11)** in triplicate. The special agent in charge will inform the wholesaler how the drug destruction will be handled. Where the wholesaler regularly disposes of controlled substances, the DEA special agent in charge can, upon request, authorize dispositions without prior approval provided that these dispositions are recorded fully and meet all conditions established by the special agent in charge. Destructions of reportable items must be submitted to ARCOS on **ARCOS OCR Form 333.**

> *Note: It is DEA's policy that if a state agency having jurisdiction over wholesalers has adopted disposal procedures for controlled substances, the wholesaler may follow these procedures in lieu of DEA requirements.*

Cardinal has a contract with Reverse Management Systems to handle our destruction of unsaleable merchandise. The product is sold to Reverse Management Systems who in turn destroys it and files **DEA Form 41. Refer to DEA Correspondence 8/12/94 for additional information.**

DEA Form 41 should also be used for documenting a liquid controlled substance loss when the container accidently breaks. Any loss of an ARCOS reportable item must also be reported to ARCOS. The pieces of the broken bottle do not need to be retained as evidence of the accident. **Refer to DEA correspondence 11/17/97.**

Suspicious Orders

(21 CFR 1301.74(b))

Wholesalers are responsible for designing and operating a system that will disclose to the wholesaler suspicious orders. The wholesaler informs the DEA field office in that area of all suspicious orders. Suspicious orders include orders of unusual size, orders deviating from a normal pattern and orders of unusual frequency. DEA has no specific form for this.

Establishing Suspicious Order Criteria

Wholesalers should establish **written** criteria of what constitutes a suspicious order. DEA leaves it to the wholesaler to make this determination. The key for the wholesaler is to establish **reasonable** criteria based upon customer purchasing patterns and then to **adhere** to them in monitoring orders.

Either a computerized or a manual system can be utilized depending upon the wholesaler's preference and capability.

Complying with 21 CFR 1301.74 (b) is a two-step process. First, each Cardinal Division submits to DEA on a monthly basis an Ingredient Limit Report (Exhibit M). This report is based on a computer program which monitors customer controlled substance purchases for a month and compares these purchases to predetermined averages or limits and if a customer's purchase quantities exceed the established parameters, the customer's activity is printed on the report.

Second, on a daily basis cage and vault personnel should be policing and identifying individual orders that appear excessive in relation to what other customers are buying and/or the customer's purchase history. In these situations, DEA should be notified, if possible, before the order is shipped and a copy of all such orders should be maintained in the division's suspicious order file along with a Regulatory Agency Contact Form (Form #1) noting any specific instructions from DEA.

In an effort to assist cage and vault personnel in identifying these orders, we have developed Dosage Limit Charts (Exhibit P). The products included on these charts are those commonly audited by DEA during their inspections of our facilities and those which have a high potential for diversion. The dosage limits were set by calculating average sales quantities for Knoxville's retail customers and Boston's hospital customer and multiplying by 3 for ARCOS reportable items and 5 for non-ARCOS items.

These charts should be posted in your cage and vault and the hospital and retail dosage limit quantities for particular items should be posted at the product locations.

STRUCTURAL SECURITY

Schedule II Controlled Substances
(21 CFR 1301.72)

Schedule II controlled substances are stored in a vault, the physical structure of which meets the following specifications or equivalent:

If grandfathered (a vault constructed before, or under construction on, September 1, 1971): substantial construction with a steel door and a combination or key lock.

A vault constructed after September 1, 1971: walls, floor and ceiling constructed of at least eight inches of reinforced concrete or other substantial masonry, reinforced vertically and horizontally with one half inch steel rods tied six inches on center, or the structural equivalent to such reinforced walls, floors and ceilings.

The door and frame unit of the vault (GSA approved, Class V) conforms to the following specifications, or the equivalent:

- 30 man minutes against surreptitious entry;
- 10 man minutes against forced entry;
- 20 man hours against lock manipulation; and
- 20 man hours against radiological techniques.

Refer to DEA Correspondence 2/14/94 for a change in the specifications for the GSA Class V vault door.

DEA will also approve, on a case by case basis, UL listed Class M modular vaults for the storage of Schedule II controlled substances.

If operations require the vault to remain open for frequent access, then it must be equipped with a 'day gate' that is self-closing and self-locking or the equivalent. If the operation requires only that the vault be opened infrequently, such as to remove material in the morning and return material at night, and is always relocked immediately after use, a 'day gate' is not required.

Schedule III, IV, and V Controlled Substance Storage

DEA regulations **(21 CFR 1301.72(b))** provide that Schedule III through V controlled substances must be secured as follows:

- In a cage located within the building on the premises meeting the specifications in 1301.72(b)(4)(ii-iv) and Section 1301.72 (b)(3)(ii)(a)(b), which read as follows:

21 CFR 1031.72(b)(4):

- A cage, located within a building on the premises, meeting the following specifications:
- Having walls constructed of not less than No. 10 gauge steel fabric mounted on steel posts, which posts are:

  (a) At least one inch in diameter;

  (b) Set in concrete or installed with lag bolts that are pinned or brazed; and

  (c) Which are placed no more than 10 feet apart with horizontal one and one half inch reinforcements every sixty inches;
- Having a mesh construction with openings of not more than two and one half inches across the square.
- Having a ceiling constructed of the same material, or in the alternative, a cage shall be erected which reaches and is securely attached to the structural ceiling of the building. A lighter gauge mesh may be used for the ceilings of large enclosed areas if walls are at least 14 feet in height.
- Is equipped with a door constructed of No. 10 gauge steel fabric on a metal door frame in a metal door flange, and in all other respects conforms to all the requirements of 21 CFR 1301.72(b) (3)(ii)."

21 CFR 1301.72(b)(3):

- Is equipped with self-closing, self-locking doors constructed of substantial material commensurate with the type of building construction, provided, however, a door which is kept closed and locked at all times when not in use and when in use is kept under direct observation of a responsible employee or agent of the registrant is permitted in lieu of a self-closing, self-locking door. Doors may be sliding or hinged. Regarding hinged doors, where hinges are mounted on the outside, such hinges shall be sealed, welded or otherwise constructed to inhibit removal. Locking devices for such doors shall be either of the multiple-position combination or key lock type and:

(a) In the case of key locks, shall require key control which limits access to a limited number of employees, or;

(b) In the case of combination locks, the combination shall be limited to a minimum number of employees and can be changed upon termination of employment of an employee having knowledge of the combination

- The controlled substance section also provides:
  The track holding sliding 10-gauge steel gates in place is adjusted to meet self-closing requirements and the track is "trapped" to prevent the gate from being lifted out of the track surreptitiously.

  Alternate: Where swinging cage doors are installed, hinges are properly secured.

Note: Schedule III through V controlled substances may be stored with Schedule II controlled substances under security measures previously described for Schedule II controlled substances.

Non-controlled substances and other materials may be stored with Schedule III through V controlled substances in any of the secure storage areas required by 21 CFR 1301.72(b) *provided that permission for such storage of noncontrolled items is obtained in advance in writing from the Special Agent in Charge of DEA for the area in which storage area is situated. Any such permission tendered must be upon the Special Agent's written determination that such non-segregated storage does not diminish security effectiveness for Schedule III through V controlled substances. This authorization should be posted, in plain sight, in the secured area. An additional copy of the authorization letter should be retained by division management.*

Company Vehicles

Vehicles used for the delivery and pickup of controlled substances are equipped with proper vehicle locks including, when appropriate, padlocks for cargo doors.

ACCESS CONTROL

General Warehouse

It is the policy of Cardinal to limit access to the general warehouse to only those employees who have a full-time work assignment that requires their presence in the warehouse. Each division shall maintain a list of employees authorized to have warehouse access. This access shall be controlled by a Card Entry Access Control System.

Specifically excluded from warehouse access without a full-time escort are the following groups of people:

All visitors including:

- Vendor sale representatives
- Cardinal sales representatives
- Management employees except those directly responsible for supervision of employees whose duties require them to be in the warehouse to perform their jobs
- Office employees except those whose duties require their presence in the warehouse.

Signs should be posted on all warehouse entrances regarding limited access **(Exhibit B).**

Outside contractors shall be monitored through a cooperative effort of warehouse supervisory personnel and full-time warehouse employees.

Employees of Cardinal Health who require temporary access to the warehouse may be issued "temporary passes" controlled by the Division Manager or his/her designee.

Controlled Substance Area

DEA regulations related to accessibility to storage areas state:

> "The controlled substances storage areas shall be accessible only to an absolute minimum number of specifically authorized employees. When it is necessary for employee maintenance personnel, non-employee maintenance personnel, business guests, or visitors to be present in or pass through controlled substances storage areas, the registrant shall provide for adequate observation of the area by an employee specially authorized in writing." **(21 CFR 1301.72(d))**

Division management maintains an **Access and Surveillance List (Form #16)** of those employees whose responsibilities include authorization to access the vault or cage during the open-for-business period. Only those individuals are assigned a key or knowledge of a combination. The authorized access list should be posted along with a **"Restricted Area" (Exhibit C)** sign on the door(s) of the vault and cage.

Temporary employees should never be allowed access to the cage or vault, supervised or unsupervised.

Computer System

The computer system should include security levels to prohibit access to certain files unless an employee's job responsibilities warrant access. Employees should keep passwords to themselves and periodically change them to prevent access by others. Access should be limited for inventory adjustments, customer licensing information and financial records.

Computer room access should be controlled and limited to only those employees who have a full time work assignment that requires access to the computer room.

PROCEDURAL SECURITY

Receiving

Upon receipt, controlled substance items are physically checked by a receiving clerk. The quantity and description of the materials received are checked against the packing list provided by the vendor and against the controlled substance purchase order. The paperwork is signed and dated by the receiving clerk.

Any variations in quantities or visible damage to cartons are subject to immediate investigation. The matter should be reported to the supervisor prior to the departure of the carrier's representative from the area.

The carrier's representative is required to sign a statement written on the receiving report, describing the shortage, damage, etc. The receiving procedures should be verified by the receiving department supervisor if the actual receiving is handled by a designated employee.

If a discrepancy is noted and cannot be reconciled, the manufacturer(s) is contacted immediately by telephone and confirmation of the shortage or damage is verified in writing on the appropriate form. The loss of controlled substances is to be promptly reported to DEA. **Refer to Drug Thefts/Losses within Required Reports to DEA.** The supplier is responsible for reporting in transit losses of controlled substances by the common or contact carrier selected pursuant to **21 CFR 1301.74 (e)** upon discovery of such theft or loss. Thefts must be reported whether or not the controlled substances subsequently are recovered and/or the responsible parties are identified and action taken against them (21 CFR 1301.74c).

Immediately on verification of the order received, the controlled substances and the corresponding paperwork are placed in a rolling locked cage and moved to the vault or to the controlled substance cage. No controlled substances may be left in the receiving area overnight or during periods when the receiving area is not under adequate surveillance.

Stocking

Verify all products and quantities against paperwork. Date and sign each purchase order. Bring discrepancies to the attention of the supervisor immediately. Forward original paperwork to appropriate department for data entry. Retain a copy in the controlled substance area.

For Schedule II items, the product is also verified against Copy 3 (blue) of the DEA order form. The date received and quantity received columns of the order form are completed and the Narcotic Order Blank Log is also updated.

Order Filling

For Schedule III, IV, V controlled substances, the order filler picks the items and quantities as requested on the picking document. As items are picked, each line of the picking document is initialed. The completed order and paperwork is staged pending verification.

For Schedule II controlled substances, the order form - DEA Form 222 - is reviewed for accuracy, then matched to the picking document to make sure all items agree. The items and quantities are picked as requested on the picking document. The picking document is initialed as each item is picked. The completed order and paperwork is staged pending verification. The following fields on the order form must be filled in:

- Packages Shipped
- Date Shipped
- Supplier DEA Registration Number
- National Drug Code

Quality Control

All controlled substance orders should be double checked for accuracy. The quality control clerk matches the items against the picking document and initials the paperwork. The merchandise and copy of the picking document are put in a bag and sealed - preferably a heat-sealed poly bag. The other copy of the pick document is retained at the division per division policy. The outside of the package should be labeled with the name of the customer. There should be no marks identifying the contents as controlled substances. The order is then staged within the controlled substance area until shipped.

Shipping

While most regular orders are manifested on the shipping dock, controlled substance orders are manifested in the cage or vault. Controlled substance packages are not to be left unattended in the shipping department. Product may be placed in locked roll-around cages or left in the controlled substance area until the delivery person is on the premises and ready to sign for them.

Delivery

The driver is required to obtain a customer signature for any packages delivered. The proof of delivery (manifest) is then returned to the carrier or division and retained per division policy.

Returns from Customers

All returns of controlled substances must be accompanied by a return authorization. The shipments must be distinguished from the other returns without revealing their contents to the delivery drivers. Upon receipt at the distribution center, these returns are to be transferred to the controlled substance area, and processed daily, noting the actual date of receipt.

Returns of Schedule II drugs are discouraged. They must be handled by issuing an order form - DEA Form 222 - to the customer.

Partial returns of controlled substances are prohibited.

Returns to Vendors

Controlled substances returned to the vendor should be accompanied by a return authorization from the vendor and a debit memo from the division. Creating the debit memo should remove the product from inventory. Proof of delivery should be filed at the division with a copy of the debit memo.

Physical Verification of Controlled Substances

When taking an inventory, the following steps should be taken,

- Do not allow any product into or out of the area during the count or recount.
- Counts should be conducted from count sheet with the on hand quantities suppressed.
- Compare the inventory results with the current on-hand balance of each item.
- Recount any out-of -balance item.
- Run audit report for any out-of-balance item. The **Selected Item Audit Report (Exhibit I)** gives all movement - purchases, returns, sales and inventory adjustments - for a requested item during a specified time frame.
- Research the error, checking for orders picked but not invoiced, mispicks, etc.
- Make appropriate adjustments as errors causing variances are detected.
- The Distribution Center Manager should sign off on the count sheet that he has reviewed all exceptions and that variances have been explained.
- File DEA Form 106, on a timely basis, for any item that cannot be resolved.
- Create ARCOS transactions for any reportable items on DEA Form 106.

Inventory Adjustments

Inventory adjustments for controlled substances should only be made after a thorough research. Documentation should be kept on file to support any adjustments.

Breakage

Documentation of breakage occurring in the vault or cage or during delivery is strongly recommended by the DEA. Maintenance of a breakage report is designed to help control any possible intentional breakage for the purpose of removing contents. Concern should arise when the same item is broken repeatedly.

Opening and Closing

The distribution center should be opened by at least two employees. These employees should meet at a safe, well-lighted, off-site location. The employees should then proceed to the distribution center and one employee should enter the distribution center while the other employee waits outside for an "ALL'S CLEAR" signal (the moving of blinds or flickering of lights, etc.). This procedure should be reversed when closing the distribution center. If the utilization of two employees at opening and closing time is totally impractical, one employee opening or closing the facility alone must have security hardware such as a portable panic button.

SHIPPING

Controlled Substance Shipping Area

Schedule II controlled substance orders are retained in the vault until the driver assigned such delivery is ready to depart the premises. At that time, the order is delivered by the vault supervisor to the driver who signs a log, circling the order number of the merchandise on the manifest. The driver then loads the packets or container into the delivery vehicle.

Schedule III through V controlled substance orders in sealed containers are held in the cage or staged in the defined controlled substance staging area under the direct supervision of the shipping department supervisor or a closed-circuit TV surveillance system. The driver assigned to the specific orders signs for the controlled substance items on a log form, circling the order number of the merchandise, and then loads the order on the delivery vehicle.

No controlled substance orders awaiting shipment are left in the shipping dock during the closed period. Such unshipped orders must be returned to the controlled substance cage at the close of business. The shipping department supervisor makes a thorough search of the shipping area prior to his/her departure from that area at the end of the business day.

Shipping Destination

DEA regulations require that controlled substances be distributed only to persons who are properly registered with DEA to possess the controlled substances and that Schedule II controlled substances only be shipped to the purchases at the location printed on the order form (DEA Form 222). Emergency will call orders are an exception to the rule.

Company Delivery Vehicles

Company employees assigned to driving delivery vehicles are screened in accordance with **21 CFR 1301.90** and Cardinal's policy which requires all prospective employees to consent to a drug test and a criminal record check. **Delivery Vehicle Security Rules (Form #17)** are reviewed, and signed by drivers.

The drivers deliver the Schedule II through V controlled substance orders to the customers and obtain a customer signature on one copy of the delivery order, which the driver then attaches to his/her manifest as proof of delivery.

Common Or Contract Delivery Vehicles

The company selects common or contract carriers that provide adequate security to guard against in-transit losses.

Further, the company takes precautions to assure that shipping containers do no indicate contents are controlled substances so as to guard against storage or in-transit losses.

When distributing controlled substances through agents, the company provides and requires adequate security to guard against theft and diversion while the substances are being stored or handled by the agent or agents.

Delivery Vehicle Security Rules (Form #17) are provided to contract carriers for distribution to drivers. Rules are reviewed and signed by drivers.

Depots/Line Haul Shipments

The use of cross-dockings and line hauls means vehicles with larger quantities of controlled substances and other merchandise and increased vulnerability to theft and/or diversion during the run from the distribution center to the depot. To protect against internal theft that may go undetected until the orders get to the customer
level, ensure that vehicle contents are checked and signatures obtained upon pickup and delivery and that line haul vehicles are secured with a numbered seal that must be cut off or broken upon arrival at the depot.

Seal Construction Specifications

Durability A seal must be strong enough to prevent accidental breakage during normal use.

Design The design must be sufficiently complex to make unauthorized manufacture of a replacement seal difficult.

Tamperproof The seal should provide readily visible evidence of tampering and prevent reconstruction after the seal is closed; that is, a seal needs construction to make simulated locking difficult.

Individually Identifiable Identification is best accomplished by embossing serial numbers and owner identification on each seal.

Seal Accountability Procedures

Record of Application Seal numbers are entered or written on transportation documents such as bills of lading and manifests.

Time of Application Trailers must be sealed immediately after the loading is completed. Roll-up-type doors must be sealed at the loading dock. Swing-out doors must be sealed immediately after the unit is far enough away to close the doors.

Verification Seal examination and verification at every stop such as docks and transfer points. Multiple stops require new seals. Persons receiving sealed shipments must examine the seal and record the number on appropriate documentation, such as a log. Retain broken seals until it is determined whether there are any discrepancies. If there are none, destroy the seal. If discrepancies are found, retain the seal pending investigation.

U.S. Postal Mailing And Delivery

DEA regulations applicable to the use of the U.S. postal services state: "Controlled substances including Schedule II may be sent in any quantity by registered mail, return receipt requested, from one DEA registrant to another DEA registrant. The packaging must be in plain outer containers and give no indication of the contents."

Will Call Orders

Verification calls are to be made to the person in charge of the licensed premises for whom the order is intended and the name and description of the person picking up the order and the items included in the order are obtained.

When the individual arrives to pick up the order, the shipping supervisor checks the individual's name by asking for the driver's license and comparing the description of that provided by the person in charge of the licensed premises.

The person picking up the orders signs a **Will Call Log (Form #18)** that is dated and initialed by the shipping supervisor. The driver's license number and the person's name are then recorded both on the packing slip and the will call log.

Note: Many wholesalers have discontinued will call orders for controlled substances to avoid this high risk diversion exposure.

PERSONNEL

Additional information is located in the Employee Handbook.

Pre-Employment Screening

Cardinal Health requires all prospective employees to sign a **Pre-Employment Waiver (Form #19)** consent to a physical examination, which includes a drug test, and to an investigation made of their background and fitness for the position for which they have applied.

Cardinal Health reserves the right to immediately dismiss any employee when the results of the physical examination or drug test show signs of substance abuse and/or the background investigation reveals a history of criminal activity or other information which would deem the employee unfit for the position.

Any information associated with the physical examination or background investigation will be gathered and held in the strictest confidence by Cardinal Health in accordance with all applicable laws.

It is recommended that employment should not commence until the results of the physical examination and drug test are received and reviewed by the appropriate management personnel of Cardinal Health.

Upon commencement of employment, the new employee will complete a **Post-Employment Security Data Information Sheet (Form #20).** The completed sheet is sent to the Corporate Compliance Department to conduct a criminal record check.

Controlled Substance Requirements

When an employee is promoted or transferred it may be necessary to review his/her background, depending on the nature of the transfer or promotion. Anyone allowed unsupervised access to the cage or vault in order to perform job functions must complete the **Test for Distribution Center Employees Handling Controlled Substances (Appendix B)** as well as the **Post-Employment Security Data Information Sheet.** The test and form must then be submitted to the Corporate Compliance Department. The department will grade the test and each individual must pass with a score no lower than 88%. If an employee does not pass the test, he/she must re-take the test at a later date and must obtain a passing score. The employee should be advised that prior to his or her working inside the controlled substance area an in-depth background investigation will be performed. The results of this background check along with the individuals test score will be shared with division management. The background check should be performed prior to the distribution center manager assigning the employee to the controlled substance area.

Security Rules

The following list of security rules has been developed to promote a safe and secure working environment for all employees and to assure compliance with United States Drug Enforcement Administration Security Regulations.

- Possessing, dispensing, or using a controlled substance without a medical prescription or reporting to work or working under the influence of alcohol or a controlled substance without a medical prescription is strictly prohibited. If an employee requires medication which may affect their performance, they should notify their supervisor immediately. DEA regulations regarding this should be posted in the facility **(Exhibit D).**

- Defacing Company property or willful negligence resulting in damage due to mishandling of merchandise or destructive abuse of machines or other Company equipment is prohibited.

- Falsifying an employment application, time card, production record, or other documents for yourself, customers, or another employee is prohibited.

- Protection of Company property is a responsibility all employees must share. Any employee discovering theft, loss, or malicious damage has an obligation to report the incident immediately to his supervisor.

- Fighting or instigating a fight with an employee, customer, or supplier while on Company property is strictly prohibited. No permanent personnel action will be taken until there is a complete investigation by Management.

- Tampering with or breaching Company security systems or policies is prohibited.

- Theft or unauthorized removal or use of Company or another employee's property is prohibited.

- Possession of firearms or illegal weapons on Company property is prohibited.

- Employees must use their own card entry access card, and access cards should not be loaned to other employees. Lost access cards should be reported to Management immediately.

- Employees must use authorized employee entrance when entering and exiting the building and must use their own access card when doing so.

- Entrance and exits to the facility are to be closed at all times, unless being used for the purpose they are designed.

- All bags, boxes, lunch boxes, containers, etc., are subject to inspection when exiting the facility. Signs to this affect should be posted throughout the distribution center **(Exhibit E).** Random periodic inspections could serve as a deterrent to internal theft.

- Locker assignments and locks will be issued by Cardinal Health. Personal locks are not allowed. Locks will be subject to inspection by Management at their discretion.

- Visitor's entering the distribution center should be asked to sign in on a **Visitor's Log (Form #21)**, indicating their name, who they represent, time in, time out, and who they are visiting at the distribution center. Each visitor should wear a badge and must be escorted during their stay.

- Warehouse access is limited to employees who have full-time assignments that require their presence in the warehouse.

- Coats and pocketbooks are not allowed in the warehouse.

- Employees are to adhere to the posted access list for the cage and vault area.

- A **Miscellaneous Security Log (Form #22)** should be used to document any minor security-related incidents that occur but do not need to be explained in detail.

Security rules should be distributed to all employees and a signature obtained to document receipt.

Violence Prevention Procedures

The sign entitled **Violence Prevention Procedures (Exhibit G)** should be posted in conspicuous locations throughout the distribution center. These procedures should be reviewed with distribution center employees on a routine, periodic basis. It is paramount that **all** employees know exactly what to do in case they are confronted with a possible violent situation. Additional copies of these signs may be obtained through the Corporate Compliance Department.

Driver Security Rules

Drivers are required to adhere to the following security rules:

- Test all vehicle locks each day and immediately report defects to a supervisor.
- Keep all merchandise in the rear of the truck. Leave nothing in the cab.
- Secure the truck when making a delivery. Roll up all windows, lock all doors and take the keys with you.
- Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.

- Make it a habit to check your rear view mirror to see if you are being followed. If you suspect that you are being followed, obtain a description of the vehicle, the license number and the occupants. Proceed to the local police station; if this is not possible, proceed to your next stop and call the local police or the office.
- If you break down, stay with your truck. Leave only to call for assistance.
- Avoid areas where the threat of theft is high (such as back doors and alleys). If something appears suspicious, do not stop.

- In the event of a robbery:
  a. Offer no resistance.
  b. Stay calm.
  c. Be observant.

Driver security rules should be distributed to all drivers and a signature obtained to document receipt.

Test for Employees Handling Controlled Substances

Name_____

Location_____

Date_____

January 12, 2000

Company Policy

Per the *DEA Compliance Manual*, anyone allowed unsupervised access to the cage or vault in order to pick controlled substances orders must complete the *Test for Employees Handling Controlled Substances* as well as the Post-Employment Security Data Information Sheet. The test and this form must then be submitted to the Corporate Compliance Department in Dublin, Ohio. Corporate Compliance will grade the test. Each individual must pass with a score no lower than 88%. If an employee does not pass the test, he/she must re-take the test at a later date and must obtain a passing score. The employee should be advised that prior to his or her working inside the controlled substance area, an in-depth background check will be performed. The results of this background check along with the individual's test score will be shared with the Distribution Center Manager. The background check must be performed prior the Distribution Center Manager assigning the employee to the controlled substance area.

Instructions

1. Complete the information requested on the cover page.

2. Answer all 33 questions completely.

3. Complete the form entitled "Post-Employment Security Data Information Sheet", which is included at the end of this test booklet. This form is utilized for the background investigation portion of this testing process. If this form is not completed in full, your authorization to work with controlled substances will be delayed.

4. Seal the booklet with the circle provided.

5. Return the test booklet to your supervisor or manager to be forwarded to the Corporate Compliance Department to be scored.

6. The Corporate Compliance Department will notify the Distribution Center Manager, in writing, of the test score results and completion of the background investigation. This notification memo should be maintained at the distribution center for audit purposes.

7. If you have any questions involving this test or the Company's written policy and procedure in regards to the handling of controlled substances, notify the Compliance Department at (614) 757-7109.

1) There must be an authorized access list for both the cage and the vault?

True_____ False_____

2) DEA form 41 is used in the reporting of _____

3) The DEA schedules Drug Wholesalers for inspection every:

a) Year
b) 2 years
c) 3 years
d) They have no set schedule

4) Which color copy of the 222 Order Forms must be sent to the DEA each month?

a) blue
b) green
c) brown
d) none of the above

5) You are allowed to ship controls and narcotics to a customer who has moved as long as he notifies you by phone of his new address.

True_____ False_____

6) The DEA Form 106 is used for reporting_____of controlled substances.

7) The cage and vault must be inventoried at a minimum of :

a) daily for items with movement
b) weekly for items with movement
c) monthly for all items
d) a and c
e) b and c

8) You may fill a narcotic blank that has no signature?

True_____ False_____

9) The proper schedules listed on the vast majority of Narcotic Order Forms consist of Schedules (fill in the blanks):

_____ _____ _____ _____ _____ _____

10) An employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible official of the company?

True_____ False_____

11) A Narcotic Blank (DEA form 222) is good for _____ days from the date it was issued.

12) DEA fines are calculated at $_____per violation.

13) It is not necessary to have someone double check your Narcotic Orders prior to them leaving the distribution center.

True_____ False_____

14) _____is the name of the unit within the DEA that requires us to send a computer tape at the end of each month.

15) As a wholesale drug distributor governed by the Drug Enforcement Administration, Cardinal Health is required to report suspicious or excessive purchases of controlled substances.

True_____ False_____

16) Possession, use, sale or purchase of any illegal drug on the job is contrary to company policy and is grounds for immediate termination.

True_____ False_____

17) In order to accept a Schedule II return from a customer, the distribution center must first issue a narcotic blank to the customer.

True_____ False_____

18) What is a Contact sheet and when should it be used?_____
_____
_____
_____

19) The day-gate doors to both the cage and the vault must be self-_____and self-_____according to Federal Regulations.

20) Controlled Substances may be left outside the approved controlled substances area overnight as long as they are left in a locked roll-around cage.

True_____ False_____

21) You may store other items inside the vault as long as you have written permission from the DEA.

True_____ False_____

22) The rule book used by the DEA to enforce regulations on the drug wholesale industry goes by the initials "C.F.R.". These initials stand for:

_____

23) The "Selected Item Audit Report" lists:

a) All receipts of a controlled substance
b) All sales of a controlled substance
c) All controlled substance adjustments
d) All transactions of a controlled substance

24) It is Cardinal Health, Inc.'s policy to thoroughly discourage returns of scheduled narcotics.

True_____ False_____

25)How often should the report entitled "Ingredient Limits Report" or "Suspicious Order Analysis" be generated at your Distribution Center?

a) Daily
b) Once a week
c) Once a month
d) Quarterly

26) Vault and Cage Morgue merchandise is dead inventory and does not need to be counted.

True_____ False_____

27) The responsibility of verifying a customer license rests with:

a) The DEA
b) The Distribution Center
c) Corporate Headquarters
d) Regional Headquarters

28) You may sign a 222 narcotic order form if the customer gives you permission over the phone.

True_____ False_____

29) Cardinal Health, Inc. has a manual entitled *DEA Compliance Manual* which contains answers to frequently asked questions about controlled substance procedures.

True_____ False_____

30) List 5 things to look for when reviewing a 222 Narcotic Order Form:

_____
_____
_____
_____

31) A customer calls your distribution center and asks you to fill an order involving one of his blanks but to send the controlled substances to another location. Is this a violation of the Code of Federal Regulations?

Yes_____ No_____

32) It is advisable that you use white-out or a pencil when working with DEA Form 222 (Narcotic Order Form) in case you make a mistake.

True_____ False_____

33) All visitors at your Distribution Center entering the cage or vault area must be escorted by an employee on the authorized access list?

True_____ False_____

Thank you for completing this test on the handling of controlled substances. Please return this test to your supervisor. He/She will send the test the Cardinal Health, Inc. Corporate Compliance Department in Dublin, Ohio for grading. Your Distribution Center Manager will be notified of your score as soon as your test is graded.

DEA
COMPLIANCE MANUAL

APPENDIX C

DEA Field Offices

DEA Regional Offices

Atlanta Division
Richard B. Russell Federal Building
75 Spring Street, S.W., Suite 740
Atlanta, GA 30303
(404) 331-4401
Fax: (404) 331-7340
Area Covered: Georgia, North Carolina, South Carolina, Tennessee

Charleston Resident Office
5900 Core Avenue
Suite 100
North Charleston, SC 29406
(803) 308-6660
Fax: (803) 308-6670

Charlotte Resident Office
Nine Woodlawn Green
Suite 200
Charlotte, NC 28217
(704) 344-6188
Fax: (704) 344-6795

Columbia Resident Office
Strom Thurmond Federal Building
1835 Assembly Street, Room 1472
Columbia, SC 29201
(803) 765-5251
Fax: (803) 765-5410

Columbus Resident Office
120 12th Street
Room 316
Columbus, GA 31902
P.O. Box 1565
Columbus, GA 31902
(706) 649-7850
Fax: (706) 649-7872

Greensboro Resident Office
1801 Stanley Road
Suite 201
Greensboro, NC 27407
(910) 547-4210
Fax: (910) 547-4215

Knoxville Resident Office
1721 Midpark Drive
3rd Floor
Knoxville, TN 37921
(423) 584-9364
Fax: (423) 584-8763

Memphis Resident Office
Morgan Keegan Tower, Suite 500
50 N. Front Street
Memphis, TN 38103
(423) 544-3396
Fax: (423) 544-3025

Nashville Resident Office
Estes Kefauver Building
801 Broadway, Room 500
Nashville, TN 37203
(615) 736-5988
Fax: (615) 736-2221

Savannah Resident Office
Smith Kelly Building
300 Drayton Street, Suite 401
Savannah, GA 31401
(912) 652-4286
Fax: (912) 652-4050

Wilmington Resident Office
Two Princess Street, Room 322
Wilmington, NC 28401
(910) 343-4513
Fax: (910) 343-4463

Chicago Division
John C. Kluczynski Federal Building
230 S. Dearborn Street, Room 1200
Chicago, IL 60604
(312) 353-7875
Fax: (312) 886-8439
Area Covered: Illinois, Indiana, Minnesota, North Dakota, Wisconsin

Fargo Resident Office
One N. Second Street
Suite 302
Fargo, ND 58102
(701) 239-5331
Fax: (701) 239-5248

Green Bay Post of Duty (Brown County/MJG Unit)
PO Box 12734
Green Bay, WI 54307-2734
(414) 448-6241
Fax: (414) 448-6376

Indianapolis Resident Office
Minton-Capehart Federal Building
575 N. Pennsylvania St., Room 290
Indianapolis, IN 46204
(317) 226-7977
Fax: (317) 226-7703

Madison Post of Duty
PO Box 92812
Madison, WI 53701-0981
(608) 264-5111
Fax: (608) 264-5116

Merrillville Resident Office
1571 E. 85th Avenue , Suite 200
Merrillville, IN 46410
(219) 681-7000

Milwaukee Resident Office
1000 N. Water Street, Suite 1010
Milwaukee, WI 53202
(414) 297-3395
Fax: (414) 297-1169

Minneapolis Resident Office
Federal Building
110 S. Fourth Street, Room 402
Minneapolis, MN 55401
(612) 348-1700
Fax: (612) 348-1708

DEA Regional Offices

Rockford Resident Office
420 W. State Street
Rockford, IL 61101
(815) 987-8034

Springfield Resident Office
Illinois Business Center
400 W. Monroe Street, Suite 302
Springfield, IL 62704
(217) 492-4504
Fax: (217) 492-4507

Dallas Division
1880 Regal Row
Dallas, TX 75235
(214) 640-0801
Fax: (214) 649-0895
Area Covered: Oklahoma, Texas (Northern)

Fort Worth Resident Office
Fritz W. Lanham Federal Building
819 Taylor Street, Room 13A33
Fort Worth, TX 76102
(817) 978-3455
(817) 978-4128

Lubbock Resident Office
5214 68th Street, Suite 401
Lubbock, TX 79424
(806) 798-7189
Fax: (806) 794-3149

Midland Resident Office
1004 N. Big String, Room 225
Midland, TX 79701
(915) 686-0356
Fax: (915)682-3016

Oklahoma City District Office
3909 N. Classen Blvd., Suite 100
Oklahoma City, OK 73118
(405) 424-2213
Fax: (405) 524-3448

Tulsa Resident Office
5100 E. Skelly Drive, Suite 570
Tulsa, OK 74135-6548
(918) 581-6391
Fax: (918) 581-6439

Tyler Resident Office
909 ESE Loop 323, Suite 280
Tyler, TX 75701
(903) 534-0472

Detroit Division
Rick Finley Federal Building
431 Howard
Detroit, MI 48226
(313) 234-4000
Fax: (313) 234-4141
Area Covered: Kentucky, Michigan, Ohio

Cincinnati Resident Office
Federal Office Building
550 Main Street, Room 8504
Cincinnati, OH 45202
(513) 684-3671
Fax: (513) 684-3672

Cleveland Resident Office
Courthouse Square Development
310 Lakeside Avenue, #395
Cleveland, OH 44113
(216) 522-3705
Fax: (216) 522-3704

Columbus Resident Office
78 E. Chestnut Street
Columbus, OH 43215
(614) 469-2595
Fax: (614) 469-5788

Grand Rapids Resident Office
65 Monroe Center, N.W.
Grand Rapids, MI 49503
(616) 456-2541
Fax: (616) 456-2001

Lexington Resident Office
1500 Leestown Road, Room 308
Lexington, KY 40511
(606) 233-2479
Fax: (606) 233-2590

Louisville Resident Office
New Federal Building, Room 1006
600 Dr. Martin Luther King Place
Louisville, KY 40202
(502) 582-5908
Fax: (502) 582-5535

Saginaw Resident Office
301 E. Genessee, Fourth Floor
Saginaw, MI 48607
(517) 758-4133
Fax: (517) 758-4013

Toledo Resident Office
234 N. Summitt Street, Room 106
Toldeo, OH 43603
(419) 259-6490
Fax: (419) 259-3725

Houston Division
333 W. Loop N.
Suite 300
Houston, TX 77024
(713) 681-1771
Fax: (713) 220-2378
Area Covered: Texas (Southern)

Alpine Resident Office
810 N. 2nd Street
Alpine, TX 79830
P.O. Box 1282
Alpine, TX 79820
(915) 837-3421
Fax: (915) 837-2701

DEA Regional Offices

Austin Resident Office
9009 Mountain Ridge Drive
Austin, TX 78759
(512) 346-2486
Fax: (512) 346-0825

Beaumont Resident Office
350 Magnolia, Suite 290
Beaumont, TX 77701-1899
(409) 839-2461
Fax: (409) 839-2551

Brownsville Resident Office
1100 FM 802, Suite 200
Brownsville, TX 78521
(210) 504-4100
Fax: (210) 504-4118

Corpus Christi Resident Office
Wilson Plaza, Suite 300
606 N. Carancahua
Corpus Christi, TX 78476
P.O. Box 2443
Corpus Christi, TX 78403
(512) 888-0150
Fax: (512) 888-0199

Eagle Pass Resident Office
342 Rio Grande
Room 102
Eagle Pass, TX 78852
(210) 773-5378
Fax: (210) 773-3008

El Paso District Office
700 E. San Antonio Street
Suite D-701
El Paso, TX 79901
(915) 534-6400
Fax: (915) 534-6034

Galveston Resident Office
6000 Broadway, Suite 104
Galveston, TX 77551
(409) 766-3568
Fax: (409) 766-3570

Laredo Resident Office
4804 N. Bartlett, Building 1050
Laredo, TX 78041
P.O. Drawer 2307
Laredo, TX 78044-2307
(210) 722-5201
Fax: (210) 726-2221

McAllen District Office
1919 Austin Street
McAllen, TX 78501-7030
(210) 618-8400
Fax: (210) 618-8478

San Antonio District Office
10127 Morocco, Suite 200
San Antonio, TX 78216
(210) 525-2900
Fax: (210) 525-2930

Los Angeles Division
Roybal Federal Building
255 E. Temple Street, 20th Floor
Los Angeles, CA 90012
(213) 894-2650
Fax: (213) 894-4244
Area Covered: California (Southern), Hawaii, Nevada

Hawaii District Office
Honolulu, HI 96813
P.O. Box 50163
Honolulu, HI 96850
(808) 541-1930
Fax: (808) 541-3048

Nevada District Office
Foley Federal Building & U.S. Courthouse
300 Las Vegas Blvd. S., Suite 204
Las Vegas, NV 89101-0023
(702) 388-6635
Fax: (702) 388-6894

Orange County Resident Office
Federal Building
34 Civic Center Plaza
Santa Ana, CA 92712
PO Box 12609
Santa Ana, CA 92712
(714) 836-2892
Fax: (714) 836-2925

Reno Resident Office
300 E. Second Street, Suite 1320
Reno, NV 89501
(702) 784-5617
Fax: (702) 784-5679

Riverside District Office
6377A Riverside Avenue, Suite 220
Riverside, CA 92516-3162
(909) 276-6642
Fax: (909) 276-6269

Ventura Resident Office Office
770 Padeo Camarillo, 3rd Floor
Camarillo, CA 93010
(805) 383-6454
Fax: (805) 383-6464

Miami Division
8400 N.W. 53rd Street
Miami, FL 33166
(305) 590-4870
Fax: (305) 590-4500
Area Covered: Nassau, Bahamas, Florida

Fort Lauderdale District Office
1475 W. Cypress Creek Rd., Ste. 301
Fort Lauderdale, FL 33309
(305) 356-7700

DEA Regional Offices

Fort Meyers Resident Office
12730 New Brittany Blvd., Suite 501
Fort Myers, FL 33907
(941) 275-3662
Fax: (941) 275-8945

Gainesville Resident Office
235 S. Main Street, Suite 202
Gainesville, FL 32601
(352) 371-2077
Fax: (904) 375-4356

Jacksonville Resident Office
4077 Woodcock Drive, Suite 210
Jacksonville, FL 32207
(904) 232-3566
Fax: (904) 232-2501

Key Largo Resident Office
95360 Overseas Highway, Suite 6
Key Largo, FL 33037
P.O. Box 2930
Key Largo, FL 33037
(305) 852-7874
Fax: (305) 536-5485

Orlando Resident Office
Heathrow Business Center
300 International Pkwy., Suite 424
Heathrow, FL 32746
(407) 333-7000
Fax: (407) 333-7012

Panama City Resident Office
5323 W. Highway 98, Suite 215
Panama City, FL 32401
(904) 769-3407
Fax: (904) 769-4118

Tallahassee Resident Office
3384 Capitol Circle N.E.
Tallahassee, FL 32308
(904) 942-8417
Fax: (904) 942-8420

Tampa District Office
5426 Bay Center Drive
Tampa, FL 33609
(813) 228-1268
Fax: (813) 228-1281

West Palm Beach Resident Office
1818 S. Australian Ave., Suite 300
West Palm Beach, FL 33409
(561) 684-8000

Midwest Division
United Missouri Bank Building
7911 Forsyth Blvd., Room 500
St. Louis, MO 63105
(314) 425-3241
Fax: (314) 425-3245
Area Covered: Illinois (Southern), Iowa, Kansas, Missouri, Nebraska, South Dakota

Cape Girardeau Resident Office
339 Broadway, Room 158
Cape Girardeau, MO 63701
(573) 334-1534
Fax: (573) 335-4117

Des Moines Resident Office
Federal Building
210 Walnut Street, Room 937
Des Moines, IA 50309
(515) 284-4700
Fax: (515) 284-4920

Kansas City Resident Office
8600 Farley Street, Suite 200
Overland Park, KS 66212
(913) 236-3257
Fax: (913) 236-3186

Omaha Resident Office
Old Federal Building
106 S. 15th Street, Room 1003
Omaha, NE 68102
(402) 221-4222
Fax: (402) 221-4225

Sioux Falls Resident Office
Shriver's Building
230 S. Phillips Avenue, Suite 407
Sioux Falls, SD 57102
(605) 330-4421
Fax: (605) 330-4420

Springfield Resident Office
901 St. Louis Street, Suite 301
Springfield, MO 65806
(417) 831-3948
Fax: (417) 831-0607

Wichita Resident Office
1919 N. Amidon, Suite 330
Wichita, KS 67203
(316) 838-2500
Fax: (316) 838-9123

New England Division
50 Staniford Street, Suite 200
Boston, MA 02114
(617) 557-2100
Fax: (617) 557-2135
Area Covered: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

DEA Regional Offices

Bridgeport Resident Office
915 Lafayette Blvd., Room 200
Bridgeport, CT 06604
(203) 579-5591
Fax: (203) 579-5530

Burlington Resident Office
P.O. Box 446
Williston, VT 05495
(802) 951-6777
Fax: (802) 951-6489

Cape Cod Resident Office
P.O. Box 708
Barnstable, MA 02630
(508) 362-2117
Fax: (508) 362-8303

Concord Resident Office
197 Loudon Road, Suite 300
Concord, NH 03301
(603) 225-1574
Fax: (603) 225-1543

Hartford Resident Office
Ribicoff Federal Office Building
450 Main Street, Room 628
Hartford, CT 06103
(203) 240-3233
Fax: (203) 240-3703

Logan Airport Task Force
One Harbor Side Drive, Suite 1095
Boston, MA 02128
(617) 561-5764
Fax: (617) 561-5772

Portland Resident Office
1355 Congress Street, Suite D
Portland, ME 04102
(207) 780-3331
Fax: (207) 780-3413

Providence Resident Office
Two International Way
Warwick, RI 02886
(401) 732-2550
Fax: (401) 739-2576

Springfield Resident Office
1441 Main Street, Suite 1000
Springfield, MA 01103
(413) 785-0284
Fax: (413) 785-0483

New Jersey Division
Peter Rodino Federal Building
970 Broad Street, Room 806
Newark, NJ 07102
(201) 645-6060
Fax: (201) 645-6297
Area Covered: New Jersey

Atlantic City Resident Office
Executive Plaza
2111 New Road, Suite 203
North Field, NJ 08225
(609) 383-3322
Fax: (609) 383-0884

Camden Resident Office
1000 Crawford Place, Suite 200
Mount Laurel, NJ 08054
(609) 757-5407
Fax: (609) 757-5006

New Orleans Division
Three Lakeway Center
3838 N. Causeway Blvd., Suite 1800
Metairie, LA 70002
(504) 840-1100
Fax: (504) 840-1103
Area Covered: Alabama, Arkansas, Louisiana, Mississippi

Baton Rouge Resident Office
2237 S. Acadian Thruway, Suite 306
Baton Rouge, LA 70808
(504) 389-0254
Fax: (504) 389-0772

Birmingham Resident Office
234 Goodwin Crest, Suite 420W
Birmingham, AL 35209
(205) 290-7150
Fax: (205) 290-7157

Gulfport Resident Office
One Government Plaza, Suite 230
Gulfport, MS 39502
(601) 863-2992
Fax: (601) 868-3112

Jackson Resident Office
Dr. A. H. McCoy Federal Building
100 W. Capitol Street, Suite 1213
Jackson, MS 39269
(601) 965-4400
Fax: (601) 965-4401

Little Rock Resident Office
10825 Financial Parkway, Suite 317
Little Rock, AR 72211-3557
(501) 324-5981
Fax: (501) 324-6900

Mobile Resident Office
900 Western American Cir., Ste. 501
Mobile, AL 36609
(334) 441-5831
Fax: (334) 441-5289

Montgomery District Office
2720-A Gunter Park Drive, West
Montgomery, AL 36109
(334) 260-1150
Fax: (334) 223-4430

DEA Regional Offices

Shreveport Resident Office
401 Edwards, Suite 510
Shreveport, LA 71101
(318) 676-4080
Fax: (318) 676-4085

New York Division
99 10th Avenue
New York, NY 10011
(212) 337-3900
Fax: (212) 337-2799
Area Covered: New York

Albany Resident Office
Leo W. O'Brien Federal Building, Room 930
Clinton Avenue & N. Pearl Street
Albany, NY 12207
(518) 431-4700
Fax: (518) 472-4525

Buffalo Resident Office
28 Church Street, Suite 300
Buffalo, NY 14202
(716) 551-4421
Fax: (716) 551-5160

Long Island Resident Office
175 Pinelawn Road, Suite 205
Melville, NY 11747
(516) 420-4500
Fax: (516) 420-6944

Rochester Resident Office
P.O. Box 14210
Rochester, NY 14614
(716) 263-3180
Fax: (716) 263-5870

Syracuse Resident Office
4600 W. Genesee Street
Syracuse, NY 13219
(315) 468-2772
Fax: (315) 468-2985

Philadelphia Division
William J. Green, Jr. Federal Building
600 Arch Street, Room 10224
Philadelphia, PA 19106
(215) 597-9530
Fax: (215) 597-6063
Area Covered: Delaware, Pennsylvania

Allentown Resident Office
504 W. Hamilton Street, Suite 2500
Allentown, PA 18101
(610) 770-0940
Fax: (610) 435-6854

Harrisburg Resident Office
228 Walnut Street, Room 579
Harrisburg, PA 17101
P.O. Box 887
Harrisburg, PA 17108-0887
(717) 782-2270
Fax: (717) 782-4851

Pittsburgh Resident Office
William S. Moorehead Federal Bldg.
1000 Liberty Ave., Room 1328
Pittsburgh, PA 15222
(412) 644-3390
Fax: (412) 644-4745

Scranton Post of Duty
401 N. Adams Plaza, Suite 305
Scranton, PA 18503
(717) 782-2270
Fax: (717) 341-9094

Wilmington Resident Office
One Rodney Square
920 King Street, Suite 404
Wilmington, DE 19801
(302) 573-6184
Fax: (302) 573-6296

Phoenix Division
3010 N. Second Street, Suite 301
Phoenix, AZ 85012-3055
(602) 664-5600
Fax: (602) 664-5611
Area Covered: Arizona

Nogales Resident Office
1370 W. Fairway Drive
Nogales, AZ 85621-3895
(520) 281-1727
Fax: (520) 281-1850

Sierra Vista Resident Office
500 Fry Blvd., Suite L14
Sierra Vista, AZ 85635-1840
PO Box 2169
Sierra Vista, AZ 85636-2169
(520) 458-3691
Fax: (520) 670-5025

Tucson District Office
3285 E. Hemisphere Loop
Tucson, AZ 85706-5014
(520) 573-5500
Fax: (520) 573-5632

Yuma Resident Office
3150 Windsor Avenue, Suite 202
Yuma, AZ 85365-4905
(602) 344-9550
Fax: (602) 344-1444

Rocky Mountain Division
115 Inverness Drive, East
Englewood, CO 80112
(303) 705-7300
Fax: (303) 705-7414
Area Covered: Colorado, New Mexico, Utah, Wyoming

DEA Regional Offices

Albuquerque District Office
301 Martin Luther King Blvd., N.E.
Albuquerque, NM 87102
(505) 766-8925
Fax: (505) 766-8960

Cheyenne Resident Office
J. C. O'Mahoney Federal Building
2120 Capitol Avenue, Room 7010
Cheyenne, WY 82001
(307) 772-2391
Fax: (307) 772-2399

Colorado Springs Resident Office
111 S. Tejon, Suite 306
Colorado Springs, CO 80903
P.O. Box 350
Colorado Springs, CO 80901
(719) 471-1749
Fax: (719) 471-3647

Glenwood Springs Resident Office
401 23rd Street, Suite 300
Glenwood Springs, CO 81601
(970) 945-0744
Fax: (970) 945-8247

Las Cruces Resident Office
Loretto Town Center
505 N. Main Street, Suite 350
Las Cruces, NM 88001
(505) 527-6950
Fax: (505) 527-6966

Salt Lake City Resident Office
American Plaza III
47 West 200 South, Suite 401
Salt Lake City, UT 84101
(801) 524-4156
Fax: (801) 524-5364

San Diego Division
4560 Viewridge Avenue
San Diego, CA 91950
(619) 585-4200
Fax: (619) 585-4224
Area Covered: California (Border Area)

Carlsbad Resident Office
5973 Avenida Encinas, Suite 220
Carlsbad, CA 92008
(619) 931-2666
Fax: (619) 931-5974

Imperial County Resident Office
2425 LaBrucherie Road
Imperial, CA 92251
(619) 355-0857
Fax: (619) 355-2946

San Ysidro Resident Office
406 Virginia Avenue
San Ysidro, CA 92173
(619) 662-7115

San Francisco Division
450 Golden Gate Avenue
San Francisco, CA 94102
P.O. Box 36035
San Francisco, CA 94102
(415) 436-7860
Fax: (415) 436-7810
Area Covered: California (Northern)

Fresno Resident Office
1260 M Street, Room 200
Fresno, CA 93720
(209) 487-5402
Fax: (209) 487-5287

Monterey Resident Office
2560 Garden Road, Suite 207
Monterey, CA 93940
P.O. Box 3182
Monterey, CA 93942-3182
(408) 648-3050
Fax: (408) 648-3056

Sacramento Resident Office
1860 Howe Avenue, Suite 250
Sacramento, CA 95825
(916) 566-7160
Fax: (916) 566-7177

San Jose Resident Office
One N First Street, Suite 405
San Jose, CA 95113
(408) 291-7235
Fax: (408) 291-7720

Seattle Division
220 W. Mercer, Suite 104
Seattle, WA 98119
(206) 553-5443
Fax: (206) 553-1576
Area Covered: Alaska, Idaho, Montana, Oregon, Washington

Anchorage Resident Office
555 Cordova Street, Suite 600
Anchorage, AK 99501
(907) 271-5033
Fax: (907) 271-3097

Billings Resident Office
303 N. Broadway, Suite 302
Billings, MT 59101
(406) 657-6020
Fax: (406) 657-6047

DEA Regional Offices

Blaine Resident Office
165 Second Street
Blaine, WA 98230
P.O. Box 1680
Blaine, WA 98231
(360) 332-8692
Fax: (360) 332-5704

Boise Resident Office
607 N. Eighth Street, Fourth Floor
Boise, ID 83702
(208) 334-1620
Fax: (208) 334-9253

Eugene Resident Office
Federal Building
211 E. Seventh Avenue, Room 230
Eugene, OR 97401
(541) 465-6861
Fax: (541) 465-6796

Medford Resident Office
310 Sixth Street, Room B-3
Medford, OR 97501
(541) 454-4407
Fax: (541) 776-4263

Portland Resident Office
Green Wyatt Federal Building
1220 S.W. Third Avenue, Room 1525
Portland, OR 97204
(503) 326-3371
Fax: (503) 326-2341

Spokane Resident Office
1124 W. Riverside, Suite L300
Spokane, WA 99201
(509) 353-2964
Fax: (509) 353-2963

Yakima Resident Office
402 E. Yakima Avenue
Yakima, WA 97501
PO Box 4025
Yakima, WA 97501
(509) 454-4407
Fax: (509) 454-4413

Washington, D.C. Division
400 Sixth Street, S.W., Suite 2558
Washington, DC 20024
(202) 401-7834
Fax: (202) 401-7061
Area Covered: District of Columbia, Maryland, Virginia, West Virginia

Baltimore District Office
200 St. Paul Place, Suite 2222
Baltimore, MD 21202
(410) 962-4800
Fax: (410) 962-3470

Charleston Resident Office
Union Square
2 Monongala, Suite 202
Charleston, WV 25302
(304) 347-5209
Fax: (304) 347-5212

Norfolk Resident Office
Federal Office Building
200 Granby Street, Room 320
Norfolk, VA 23510
(804) 441-3152
Fax: (804) 441-6639

Richmond Resident Office
8600 Staples Mill Road, Suite B
Richmond, VA 23228
(804) 771-2871
Fax: (804) 771-8167

Roanoke Resident Office
210 Franklin Road, SW
Roanoke, VA 24011
(540) 857-2555

DEA
COMPLIANCE MANUAL

APPENDIX D

Forms and Exhibits

FORMS AND EXHIBITS

Name	Number
Regulatory Agency Contact Form	1
Power of Attorney for DEA Order Forms	2
Notice of Revocation	3
DEA Narcotic Blank Log	4
DEA 222 Transmission Log	5
Order Form Rejection Notification	6
Narcotic Order Review Form	7
MCA Transaction Report	8
ARCOS Transaction Reporting	9
Report of Loss or Theft of Controlled Substances (DEA Form 106)	10
Registrant's Inventory of Drugs Surrendered (DEA Form 41)	11
Key Log	12
Key Receipt	13
Monthly Alarm Walk Test Report	14
Incident Report	15
Access and Surveillance List	16
Delivery Vehicle Security Rules	17
Will Call Log	18
Consent and Release	19
Employment Security Information	20
Visitor Log	21
Miscellaneous Security Log	22
DEA Inspection Report	23
DEA On-Site Background Information Package	24
Limited Power of Attorney	25
DEA and ARCOS Audit Recap Sheet	26
Inventory Report	A
Unauthorized Entry to Warehouse	B
Restricted Area	C
Rules and Regulations of DEA	D
Subject to Search	E
Suspicious Order Analysis Report	F
Violence Prevention Procedures	G
Table of Offenses and Penalties	H
Selected Item Audit Report	I
DEA Certificate of Registration	J
DEA Registration Speedigram	K
DEA Registration Verification Letter	L
Ingredient Limit Report	M
Quarterly DEA Exception Report	N
Schedule II Order Form	O
Dosage Limit Chart	P
Error Correction	Q
MCA Dosage Limit Report	R

FORM NAME:	**REGULATORY AGENCY CONTACT FORM**
FORM NUMBER:	**DEA # 1**
FUNCTION:	**Used to document regulatory agency visits, inspections, and contacts. Provides Corporate Compliance Department with a means to monitor regulatory agency activity on a national level.**
DISTRIBUTION:	**This two part form is to be completed as needed for any and all agency contacts. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.**

Cardinal Health

REGULATORY AGENCY CONTACT FORM

1. _____ _____/_____
   Division Name Date Time

2. **Contact was made with:**
   - ☐ D.E.A. Representative
   - ☐ State Board of Pharmacy Representative
   - ☐ FDA Representative
   - ☐ Other _____ (Please indicate agency)

3. **Contact was made by:**
   - ☐ Telephone
   - ☐ Visit at Division
   - ☐ Visit at Agency

4. **Contact initiated by:**
   - ☐ Division
   - ☐ Agency

5. **NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE**

   _____
   (Name) (Title)

   _____
   (Address) (Office working out of)

   _____
   (City) (State) (Zip)

6. **PURPOSE OF CONTACT (AUDIT, REQUESTING INFORMATION (include DEA's response),REPORTING SUSPICIOUS ORDERS, EXCESSIVE PURCHASES, ETC.)**

   _____
   _____
   _____
   _____
   _____

7. **IF INFORMATION OR RECORDS WERE PROVIDED, COMPLETE THE FOLLOWING:**
   - Information Sent: _____
   - Delivery Method: _____
   - Sent/Delivered By: _____

8. **FOLLOW-UP REQUIRED?** ☐ Yes ☐ No

9. **NAME OF EMPLOYEE COMPLETING THIS FORM:** _____

_____ _____
(Date) (Signed)

WHITE - Division YELLOW - Corporate Compliance

DUB 1301

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019217

FORM NAME:	**POWER OF ATTORNEY FOR DEA ORDER FORMS**
FORM NUMBER:	**DEA #2**
FUNCTION:	**Used to authorize specific employees to obtain and execute order forms (DEA Form 222).**

POWER OF ATTORNEY FOR DEA ORDER FORMS

_____ *(Division Name)*
_____ *(Address)*
_____
_____
_____ *(DEA Number)*

I, _____ the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute and appoint _____ (name of attorney-in-fact), my true and lawful attorney for me in my name, place and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and Part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

_____

(Signature of person granting power)

I,_____ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

_____

(Signature of attorney-in-fact)

Witnesses:

1. _____

2. _____

Signed and dated on the _____ day of _____, 19 ,
at _____.

FORM NAME: **NOTICE OF REVOCATION**

FORM NUMBER: **DEA # 3**

FUNCTION: **Used to revoke power of attorney.**

NOTICE OF REVOCATION

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act of the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact _____ this same day.

_____

(Signature of person revoking power)

Witnesses:

1. _____

2. _____

Signed and dated on the _____ day of _____, 19 ,
at _____.

FORM NAME:	**DEA NARCOTIC BLANK LOG**
FORM NUMBER:	**DEA # 4**
FUNCTION:	**Used to record the order form numbers from the blanks received from DEA. Further information is also logged as a blank is used.**

DEA NARCOTIC BLANK LOG

DATE BLANKS REC'D BY DIVISION	BLANK NUMBER	HELD BY DIVISION	SENT TO PURCHASING	PO/MRA NUMBER	DATE BLANK USED	VENDOR / CUSTOMER NAME	DATE PRODUCT RECEIVED

FORM NAME:	**DEA 222 TRANSMISSION LOG**
FORM NUMBER:	**DEA # 5**
FUNCTION:	**Used in conjunction with Faxing Narcotic Order Forms to verify faxed order form quantity and information.**

CARDINAL HEALTH
DEA 222 TRANSMISSION LOG

Date:_____

CUSTOMER NAME	NUMBER OF LINES	BLANK NUMBER	RECEIVED YES/NO

TOTAL NUMBER OF BLANKS TRANSMITTED:

TOTAL NUMBER OF BLANKS RECEIVED:

TRANSMITTED BY: _____

RECEIVED BY: _____

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019225

FORM NAME:	**ORDER FORM REJECTION NOTIFICATION**
FORM NUMBER:	**DEA # 6**
FUNCTION:	**Used to comply with DEA regulation which requires written notification to a customer when all or part of their order form (DEA Form 222) has been rejected.**

Date: _____

Name: _____

Telephone Number: _____

The Drug Enforcement Administration has established specific criteria for the acceptance of Federal Order Forms (DEA Form 222). In some cases, we are required to return the form to you and request a new or corrected form before shipping. In other cases, we can make minor changes and process the form for shipment.

Your Federal Order Form _____ was not complete and/or correct in all respects. We have handled this as follows:

☐ **The omission and/or error indicated below is such that we are not permitted to process this form.**

_____ Form is altered.
_____ Our name and/or address is not acceptable as shown.
_____ Sixty days have elapsed from date of execution.
_____ Item listed is not a Schedule II product.
_____ Item listed has been discontinued. It is still available in _____. NDC #_____.
_____ Package size is incorrect.
_____ Product description is incomplete.
_____ Number of packages or size is omitted.
_____ Lines completed less than actually ordered.
_____ Signature omitted.
_____ Line number _____ is voided.
_____

☐ **If your form is being returned.**

_____ Reference our phone conversation.
_____ Please submit a new form.
_____ Please revise attached form and return.
_____ See example attached.
_____

☐ **Changes indicated below have been made (as permitted by DEA), and order has been shipped.**
This notice is for informational purposes only. No action on your part is required.

_____ Our name and/or address has been completed as required.
_____ Number of line items stated in box provided was more than actually listed. We lined out the blank line(s).
_____ You sent all three copies to us. We are returning Copy 3 for your files.
_____ We corrected the NDC number on line item number ____.
_____ We modified the dosage form on line item number _____. You requested _____ but the product is only supplied as _____.
_____ Substitution of different size package has been made on line item _____.
_____ Total product supplied is equal to or less than original request.
_____ Line item number _____ was not correctable. We cancelled this line and processed rest of order. Please submit new form for this item.

THANK YOU FOR YOUR COOPERATION.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019227

FORM NAME:	**NARCOTIC ORDER REVIEW FORM**
FORM NUMBER:	**DEA # 7**
FUNCTION:	**Used to document order form (DEA Form 222) violations when orders are not filled according to DEA regulations.**

CARDINAL HEALTH
NARCOTIC ORDER REVIEW FORM

During a routine review of customer DEA Forms 222, order form number _____ (copy attached) was found to be filled in violation of DEA regulations.

The omission and/or error is indicated below:

_____ Order Form Not Written in Ink or Not Signed

_____ Customer/Registration Number: Unable to I.D. or Altered

_____ 60 Day Lapse from Date of Execution

_____ Item: Unable to I.D. or Altered

_____ Size, Number of Packages or Strength Altered, Incorrect or Omitted

_____ Strength Dittoed

_____ NDC #, Strength or Dosage Form Incorrect

_____ " Lines Completed" Box Not Filled In

_____ "Lines Completed" Box Altered

_____ Lines Completed Less than Lines Actually Ordered

_____ Our Name and Address or Date Omitted

_____ Item Discontinued or Not a Schedule II

_____ Customer Voided a Line

The resulting action should have been:

Void entire order form _____

Void single line _____

Fill in omission _____

Appropriate personnel have been reminded of the regulatory requirements regarding the filling of order forms that have not been properly prepared.

_____
Signature

_____
Date

FORM NAME:	**MCA TRANSACTION REPORT**
FORM NUMBER:	**DEA # 8**
FUNCTION:	**Used to document any excessive purchase or unusual loss or activity of ephedrine, pseudoephedrine, and phenylpropanolamine products.**

CARDINAL HEALTH

MCA TRANSACTION REPORT

Excessive Purchase ☐ **Loss or Theft** ☐ **DEA Request** ☐

Supplier:

Name: _____
Business Address: _____
City: _____
State: _____
Zip Code: _____
Business Telephone: _____

Purchaser:

Name: _____
Business Address: _____
City: _____
State: _____
Zip Code: _____
Business Telephone: _____
Identification: _____

Shipping Address (If different than purchaser address):

Street: _____
City: _____
State: _____
Zip Code: _____
Date of Shipment: _____

Product Description: _____

Quantity and Form of Packaging: _____

If Loss or Disappearance:

Date of Loss: _____
Type of Loss: _____

Description of Circumstances: _____

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019231

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01384094

FORM NAME:	**ARCOS TRANSACTION REPORTING**
FORM NUMBER:	**DEA # 9**
FUNCTION:	**Used to submit correction or additional transactions to ARCOS**

ARCOS TRANSACTION REPORTING

DRUG ENFORCEMENT ADMINISTRATION

MAILING INSTRUCTIONS

Retain duplicate for your records.
Mail the Original of completed form to:

Drug Enforcement Administration
ARCOS
P.O. Box 28283
Washington, D.C. 20038 - 8283

INSTRUCTIONS FOR CODING FORM

1. Characters should be printed neatly and conform as closely as possible to examples below.
2. All fields in the transaction (except the transaction code (Field 2) and the delete code (Field 3)) are capable of being duplicated without coding the entire field to accomplish this. It is necessary that the first (leftmost) character in each field to be duplicated is coded using an equal (=) sign. The equal sign is the only character which can be used for this purpose.

0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z * = ¢ ¤

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project (No. 1117-0003), Washington, D.C. 20503.

Page of

OMB Approval No. 1117 - 0003

REPORTING REGISTRANT NUMBER	ITEM CODE	NATIONAL DRUG CODE: LABELER CODE	NATIONAL DRUG CODE: PRODUCT CODE	NATIONAL DRUG CODE: PKG CODE	QUANTITY (No. of Packages, Volume or Weight)	U/I	ASSOCIATE REGISTRATION NUMBER	DEA ORDER FORM NUMBER	LOT NUMBER (DEA USE ONLY)	STRENGTH	TRANSACTION DATE: YR	TRANSACTION DATE: MO	TRANSACTION DATE: DAY	TRANSACTION IDENTIFIER

DEA Form – 333
(Feb. 1981)

Previous editions may be used.

*USE Digital Dept of Transaction Time

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

CAH SWE 019233

CAH_MDL_PRIORPROD_DEA07_01384096

FORM NAME:	**REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCES (DEA FORM 106)**
FORM NUMBER:	**DEA #10**
FUNCTION:	**Used to document and report to DEA any loss or theft of controlled substances.**
DISTRIBUTION:	**Original and one copy must be submitted to the local DEA office. One copy to the Corporate Compliance Department in Dublin. Copy(s) to state licensing agency as required. One copy to file. Must be submitted within seven (7) days of the incident**

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

OMB APPROVAL No. 1117-0001

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

DEA MANUAL AUTHORITY: Diversion Investigators 5124 FFS: 630-02

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code)

ZIP CODE

2. PHONE NO. (Include Area Code)

3. DEA REGISTRATION NUMBER

2 ltr. prefix | 7 digit suffix

4. DATE OF THEFT OR LOSS

5. PRINCIPAL BUSINESS OF REGISTRANT (Check one)

1 ☐ Pharmacy
2 ☐ Practitioner
3 ☐ Manufacturer
4 ☐ Hospital/Clinic
5 ☐ Distributor
6 ☐ Methadone Program
7 ☐ Other (specify)

6. COUNTY IN WHICH REGISTRANT IS LOCATED

7. WAS THEFT REPORTED TO POLICE?

☐ YES ☐ NO

8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code)

9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS ?

10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate)

1 ☐ Night break-in
2 ☐ Armed robbery
3 ☐ Employee pilferage
4 ☐ Customer theft
5 ☐ Other (Explain)
6 ☐ Lost in transit (Complete Item 14)

11. IF ARMED ROBBERY, WAS ANYONE:

KILLED ? ☐ No ☐ Yes (How many) _____

INJURED ? ☐ No ☐ Yes (How many) _____

12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN ?

$

13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN ?

☐ No ☐ Yes (Est. Value)

$

IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer ?

☐ Yes ☐ No

E. If received, did it appear to be tampered with ?

☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past ?

☐ No ☐ Yes (How Many) _____

15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS ?

16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA-222) WERE STOLEN, GIVE NUMBERS

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES ?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

CAH SWE 019235

CAH_MDL_PRIORPROD_DEA07_01384098

LIST OF CONTROLLED SUBSTANCES LOST

	Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
nples:	Desoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
	Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
	Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature _____ Title _____ Date _____

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019236

FORM NAME:	**REGISTRANT'S INVENTORY OF DRUGS SURRENDERED (DEA Form 41)**
FORM NUMBER:	**DEA # 11**
FUNCTION:	**Used to document and report to DEA the destruction and disposal of controlled substances.**
DISTRIBUTION:	**Two copies must be submitted to the local DEA office. One copy to the Corporate Compliance Department in Dublin. One copy to file.**

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: *(Include Name, Street, City, State and ZIP Code in space provided below).*

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

NOTE: REGISTERED MAIL IS REQUIRED FOR SHIPMENTS OF DRUGS VIA US POSTAL SERVICE (see instructions on reverse of form)

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY DISPOSITION	QUANTITY GMS.	QUANTITY MGS.
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

DEA Form (Jul. 1984) — 41 Previous edition may be used. * See instructions on reverse side.

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019238

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01384101

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: **(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 ___ DESTROYED BY: _____

** *Strike out lines not applicable.* WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 32 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or registered mail to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

CAH SWE 019239

CAH_MDL_PRIORPROD_DEA07_01384102

FORM NAME: **KEY LOG**

FORM NUMBER: **DEA # 12**

FUNCTION: **Used to list personel who have been issued keys.**

CARDINAL HEALTH

_____ Division

KEY LOG

The following personnel have been issued keys to this facility:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature

Title

Division

Date

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019241

FORM NAME:	**KEY RECEIPT**
FORM NUMBER:	**DEA # 13**
FUNCTION:	**Used to document the transfer of a key from the company to an employee.**

Cardinal Health

Key Receipt

Employee Name:_____ **Date:**_____

Department:_____ **Key Number:**_____

I understand that I am responsible for the proper use of the key and will take all reasonable precautions to prevent any misuse. I will immediately notify the Cardinal Health Corporate Security Department in the event of theft or any other loss of the key. I will not have any copies of the key made and will turn in the key to the Cardinal Health Corporate Security Department when my employment terminates for whatever reason.

Employee Signature:_____

FORM NAME:	**MONTHLY ALARM WALK TEST REPORT**
FORM NUMBER:	**DEA # 14**
FUNCTION:	**Used to document proper functioning of alarm system and to maintain records of false alarms. Provides Corporate Compliance Department with information that can be used to evaluate alarm company service and divisional compliance with Company security policies.**
DISTRIBUTION:	**This two-part form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.**

Cardinal Health

MONTHLY ALARM WALK-TEST REPORT

DIVISION _____ FOR THE MONTH OF _____

ALARM COMPANY'S NAME _____

NUMBER OF FALSE ALARMS IN THE PAST MONTH _____

LAST FALSE ALARM _____

CAUSE OF FALSE ALARM _____

CORRECTIVE ACTION TAKEN _____

_____

INSTRUCTIONS

Please check the following alarm equipment and indicate that it is functioning properly by placing a mark in the space provided.

_____ Alarm call-up list is up-to-date
_____ Ambush/Duress code on control panel is functioning
_____ Sensitivity of all motion detectors is set correctly
_____ Boxes and shelves are NOT blocking motion detectors
_____ Photoelectric beams have a clean line of sight
_____ Door contacts and audible alarms are functioning properly
_____ Vault alarm system is functioning properly (scheduled openings & closings)
_____ All closed circuit television cameras are working properly
_____ All closed circuit television camera monitors are working properly
_____ All electronically controlled doors are functioning properly
_____ All robbery buttons are functioning properly (battery back-ups on hand-held buttons are fresh)
_____ All intercoms are working properly

_____ _____

Signature of employee completing form Date

This form is to be completed at the end of each month. Copy must be sent to the Corporate Compliance Office **by the 15th** of the following month.

WHITE - Division YELLOW - Corporate Compliance

FORM NAME:	**INCIDENT REPORT**
FORM NUMBER:	**DEA # 15**
FUNCTION:	**Used to document security-related incidents which occur and require a detailed explanation (i.e., theft, burglary, vandalism).**

CARDINAL HEALTH
SECURITY DEPARTMENT
INCIDENT REPORT FORM

Incident Number: _____

Date of Incident: _____ Time: _____

Nature of Incident: _____

Reporting Party: _____

Department/Address: _____ Phone/Ext: _____

Authorities Notified: _____

Explain Incident in Detail: _____

Disposition: _____

_____ Security Officer

_____ Reporting Party

FORM NAME:	**ACCESS AND SURVEILLANCE LIST**
FORM NUMBER:	**DEA # 16**
FUNCTION:	**Used to facilitate compliance with DEA regulation which requires written authorization for cage and vault access.**

CARDINAL HEALTH

_____ Division

ACCESS AND SURVEILLANCE LIST

The following personnel are permitted unsupervised access to the cage and vault area:

If any person other than those listed above requires job-related temporary access to this area, they must be escorted by a person with approved cage and vault access.

_____
Signature

_____
Title

_____
Division

_____
Date

FORM NAME:	**DELIVERY VEHICLE SECURITY RULES**
FORM NUMBER:	**DEA # 17**
FUNCTION:	**Used to document security measures required by delivery vehicle drivers.**

DELIVERY VEHICLE SECURITY

The following rules are intended to promote safety and security for drivers and their delivery vehicles. They are to be complied with at all times.

1. Keep all merchandise in the rear of the truck. Leave nothing in the cab.

2. Secure the truck when making a delivery. Roll up all windows, lock all doors, and take the keys with you.

3. Do not stop for stranded motorists. This could be a setup for a hijack. If you feel it is necessary to call for assistance, do so at your next stop.

4. Make it a habit to check your rearview mirror to see if you are being followed. If you suspect that you are being followed, obtain a description of the vehicle, the license number and the occupants. Proceed to the local police station; if this is not possible, proceed to your next stop, and call the local police or the office.

5. If you break down, stay with your truck. Leave only to call for assistance.

6. Avoid areas where the threat of theft is high (such as back doors and alleys). If something appears suspicious, do not stop.

7. In the event of a robbery:

   A. Offer no resistance.
   B. Stay calm.
   C. Be observant.

Driver Signature: _____

Witness Signature: _____

FORM NAME:	**WILL CALL LOG**
FORM NUMBER:	**DEA # 18**
FUNCTION:	**Used to document the pickup of an order by a customer.**

WILL CALL LOG

Customer Name _____

Customer Number _____ Invoice Number _____

Date _____ Time _____

Number of Boxes _____ Number of Bags _____

Courier Service Name _____

Drivers Name (Print) _____

Drivers Signature _____

Drivers License Number _____ State _____

Driver ID# (Cab Number, etc.) _____

WILL CALL LOG

Customer Name _____

Customer Number _____ Invoice Number _____

Date _____ Time _____

Number of Boxes _____ Number of Bags _____

Courier Service Name _____

Drivers Name (Print) _____

Drivers Signature _____

Drivers License Number _____ State _____

Driver ID# (Cab Number, etc.) _____

FORM NAME:	**CONSENT AND RELEASE**
FORM NUMBER:	**DEA #19**
FUNCTION:	**Used during employment application process to obtain applicant's consent for background investigation and drug screening.**

Cardinal Health

CONSENT AND RELEASE:

PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST.

NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICATIONS AND EMPLOYMENT PURPOSES.

This form, which you should read carefully, has been provided to you because Cardinal Health ("Cardinal Health") will request consumer reports or investigate consumer reports in connection with your application for employment or during the course of your employment with Cardinal Health, if any. These background checks, and/or investigations, will be performed by Cardinal Health, in whole or in part, at Cardinal Health's discretion.

Cardinal Health's applicant background checks and employee investigations will also include the use of consumer reporting agencies to gather and report information to Cardinal Health in the form of consumer or investigative consumer reports, as regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. Cardinal Health is not a consumer-reporting agency.

The type of reports that may be requested from consumer reporting agencies under this policy include, but are not limited to; credit reports, criminal records (for the maximum period permitted by applicable state and federal law), court records, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency, from public records, or through personal interviews with co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

If Cardinal Health requests an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive a notice if Cardinal Health or a person or entity other than a consumer-reporting agency performs the investigation.

Your consent is required by law before Cardinal Health may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your application for employment and thereafter, during the course of your employment, if any, at Cardinal Health's discretion. Your signature below indicates that you have read and understand that Cardinal Health may request and review a consumer report or investigative consumer report regarding your background, and that you consent to the release of reports to Cardinal Health for employment purposes. This information may also be considered for any future decisions concerning your employment, promotion, reassignment or retention as an employee of Cardinal Health. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing, as described below.

8.00

Refusal to consent to a consumer report or an investigative consumer report as required by this notice, or any other attempt to interfere or failure to cooperate with Cardinal Health's lawful investigation, may result in rejection of your application, withdrawal of an offer of employment, or corrective discipline; up to and including termination of employment.

CONSENT STATEMENT:

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to Cardinal Health in conjunction with my application for employment. I further understand that this consent will apply during the course of my employment with Cardinal Health, should I obtain such employment, and that such consent will remain in effect until revoked in a written document signed by me.

In the event that I wish to refuse or revoke my consent, I understand that I may do so by: 1. Signing the "Refusal or Revocation of Consent Statement" below, or 2. Sending a signed statement, indicating that I revoke my consent for Cardinal Health to obtain a consumer report or investigative consumer report, and submitting to:

Cardinal Health
Human Resources
7000 Cardinal Place
Dublin, OH 43017

I certify that the information I have provided to Cardinal Health, on this consent and release form, is correct to the best of my knowledge and I understand that any falsifications, misrepresentations, and/or omissions may result in my disqualification for consideration of employment or, is subsequently employed, my dismissal.

Name of Applicant/Employee

Applicant/Employee Signature Today's Date

REFUSAL OR REVOCATION OF CONSENT STATEMENT:
(DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU **WILL NOT** *CONSENT, OR WILL NO LONGER CONSENT, TO CARDINAL HEALTH OBTAINING A CONSUMER REPORT OR AN INVESTIGATIVE CONSUMER REPORT)*

I do not consent to Cardinal Health obtaining consumer reports or investigative consumer reports about me in connection with my application for employment or for any other employment purposes. If I have previously granted my consent, I hereby revoke that consent and understand that such revocation will take effect immediately after Cardinal Health receives this written revocation and has actual knowledge to communicate the revocation to those employees or agents who request consumer reports for Cardinal Health.

Name of Applicant/Employee

Applicant/Employee Signature Today's Date

8.00

FORM NAME:	**EMPLOYMENT SECURITY INFORMATION**
FORM NUMBER:	**DEA # 20**
FUNCTION:	**Used to conduct background investigations on new employees.**

Submitted ___/___/_____

EMPLOYMENT SECURITY INFORMATION

Division:_____ Supervisor:_____

Department: _____ Date of Hire_____

Name:_____
(First) (Middle) (Last)

Present Address:

_____
(Street) (City) (State) (Zip)

Time at residence: _____ County of Residence: _____ Telephone: ( )_____

Previous Name
(First) (Middle) (Last)

Previous Residence
(Street) (City) (State) (Zip)

Time at previous residence _____ County of previous residence _____

Social Security Number _____ **Drivers License Number** _____ **State** _____

Date of Birth_____ Place of Birth _____ Height _____ Weight _____
Eye Color _____ Color of Hair _____ Marital Status_____

8.00

Education Verification

Institution/School	City	State	Dates Attended	Degree

Have you ever been convicted of a crime (felony or misdemeanor), or do you have any pending charges? * Yes ___ No ___

If yes, identify the crime, the date of the conviction, the court where the conviction occurred, and the disposition of the case. Please provide any details you feel are relevant. _____

_____

_____

Conviction of a crime will not automatically disqualify you from employment, but will be considered as a part of the overall evaluation of your qualifications for the position sought.

Do not include convictions for which the record has been expunged or sealed in the following states: Arkansas, California, Colorado, Connecticut, Florida, Illinois, Kansas, Kentucky, Maryland, Massachusetts, Mississippi, New Jersey, North Carolina, Oklahoma, Oregon, Rhode Island, Utah, Virginia, Vermont and West Virginia.

Do not include information about juvenile convictions in the following states: California, Connecticut, Florida, Georgia, Kansas, Maryland, New Jersey, Oklahoma, Oregon, and West Virginia.

In California do not include information about misdemeanor convictions for which you successfully completed probation or which were otherwise discharged. Also, do not include information about convictions for possession of insubstantial amounts of marijuana if the conviction occurred more than 2 years before today's date.

In Massachusetts, do not include information about general misdemeanor convictions. You may respond "No" to inquiries for any of the following circumstances if you were arrested but not convicted, you have on your record only first convictions for misdemeanor convictions of drunkenness, simple assault, speeding, minor traffic violations, affrays, or disturbance of the peace, you have a misdemeanor conviction where the date of conviction or any resulting incarceration occurred 5 or more years prior to today's date, or you have a sealed criminal record or have received a commission of probation.

Waiver: I hereby authorize Cardinal Health, its subsidiaries or affiliates, and the Drug Enforcement Administration to make a complete investigation of me, my former business relations and employment, and any business organization or any other person to give full information and records about me. I hereby release Cardinal Health its subsidiaries, affiliates, officers, employees, informants and the Drug Enforcement Administration from liability arising from this investigation. Discovery of false information on this sheet may lead to discharge of my employment with Cardinal Health or its subsidiaries or affiliates.

Signature _____ Today's Date _____

8.00

FORM NAME: **VISITOR LOG**

FORM NUMBER: **DEA # 21**

FUNCTION: **Used to document any visitor's entering the facility.**

VISITOR LOG

(	NAME	REPRESENTING	TIME IN	TIME OUT	PURPOSE

FORM NAME:	**MISCELLANEOUS SECURITY LOG**
FORM NUMBER:	**DEA # 22**
FUNCTION:	**Used to document any minor security-related incidents that occur but do not need to be explained in detail (i.e., false alarms, open doors, alarm not set, etc.).**

CARDINAL HEALTH

MISCELLANEOUS SECURITY LOG

DATE	TIME	NARRATIVE

FORM NAME: **DEA INSPECTION REPORT**

FORM NUMBER: **DEA # 23**

FUNCTION: **Used to document an inspection made by the DEA.**

DEA INSPECTION REPORT

This form is to be completed by the Division Manager or his designee and forwarded to the Corporate Compliance Department upon completion of a DEA inspection.

DIVISION: _____ DATE: _____

A. General Information

1. Initiation Date _____
2. Leader Compliance Investigator _____
3. DEA Office _____
4. Closing Date -- Exit Interview _____
5. Total On-Site Days _____
6. Total On-Site Person Hours _____

B. Inventory Accountability Audit

1. Number of items audited _____

a) Description and class of items audited:

2. Audit timeframe in months _____
3. Number of items in variance _____

C. Inspection Focal Points (Check all that apply)

1.	Background information	☐
2.	Biennial Inventory	☐
3.	Recordkeeping	☐
4.	DEA Form 222	☐
5.	Physical Security	☐
6.	Procedural Security	☐
7.	Shipping/Receiving Procedures	☐
8.	Registration Verification/Customers	☐
9.	ARCOS	☐
10.	Suspicious Order Monitoring	☐
11.	Destructions	☐
12.	Losses/Thefts	☐
13.	Pre-Employment Screening	☐
14.	Will Calls	☐
15.	Powers of Attorney	☐
16.	Other _____	☐

D. Comments

Please document any significant comments, questions, criticisms made by the inspector during the inspection and exit interview and attach to this report.

E. Resolution (to be completed by Corporate Compliance Department)
Please attach all related documentation.

1.	DEA Follow-Up	*Yes* ☐	*No* ☐
2.	DEA Letter of Admonition	*Yes* ☐	*No* ☐
3.	DEA Citation	*Yes* ☐	*No* ☐
4.	Memorandum of Understanding	*Yes* ☐	*No* ☐
5.	Informal Hearing	*Yes* ☐	*No* ☐
6.	Formal Hearing	*Yes* ☐	*No* ☐
7.	Court Proceeding	*Yes* ☐	*No* ☐
8.	Consent Order	*Yes* ☐	*No* ☐
9.	Total Violations Acknowledged in M.O.U.		
10.	Fines Sought	*$*	
11.	Fines Paid	*$*	
12.	Resolution Date		

_____ _____
Signature and Title of Person Completing Form Date

_____ _____
Division Manager's Signature Date

FOIA Confidential Treatment Requested By Cardinal

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FORM NAME:	**DEA ON-SITE BACKGROUND INFORMATION PACKAGE**
FORM NUMBER:	**DEA # 24**
FUNCTION:	**Used to provide DEA Investigators with company background information during DEA audits.**

DEA ON-SITE BACKGROUND INFORMATION PACKAGE

SECTION I **FIRM'S BACKGROUND**

A.. **Company Name:** _____

Address: _____

Telephone Number: (____) _____

Fax Number: (____) _____

B. **Type of Firm:** _____

C. **Corporate Headquarters:** _____

D. **State of Incorporation:** _____

E. **Subsidiaries:** _____

F. **Corporate Officers: (See attached)**

G. **Principle Management Personnel:**
(List all personnel and include the following information)

Name: _____
Title: _____
Length of Service: _____

H. **Type of Business:** _____

I. **Distribution Area:** _____

J. **Methods of Distribution (Delivery Companies):** _____

_____

K. **Hours of Operation:** _____

L. **Number of Employees:** _____

M. **How long at present location:** _____

N. **Controlled substance sales as percentage of total sales:** _____

SECTION II **LICENSES AND REGISTRATIONS**
(attach copies of DEA registration and State licenses).

A. **DEA (See attached):**

B. **State (See attached):**

SECTION III
(Breifly describe when inventories are taken and where records are maintained).

A. **Biennial Inventories:** _____

B. **Periodic Inventories:** _____

SECTION IV **RECORDS / REPORTS**
(briefly describe the types of records and where maintained)

A. **Purchase Records:** _____

B. **Sales Records:** _____

C. **Return Records:** _____

D. **DEA Form 222 - (blue & brown):**

E. **Power of Attorney:**

F. **DEA Form 106:**

G. **DEA Form 41:**

H. **ARCOS Records:**

I. **Suspicious/Excessive Customer Purchases:**

J. **Customer DEA Registrations and Verifications:**

SECTION V **PROCEDURES**

(Briefly describe how the following is accomplished with respect to controlled substances).

A. **Receiving:** _____

B. **Order Filling:** _____

C. **Shipping:** _____

D. **Returns:** _____

SECTION VI **SECURITY**

A. **Structure of Building:** _____

B. **Structure of Vault:** _____

C. **Structure of Cage:** _____

D. **Alarm Company:** _____
Address: _____

E. **Type of Alarm Hardware:** _____

F. **Type of Circuit (McCulloh Loop, etc.):** _____

G. **Notification Procedures:** _____

_____
_____
_____

H. **Who Responds:** _____

I. **Response Time:**

Alarm Company: _____
Law Enforcement: _____
Distribution Center Personnel: _____

J. **Persons with Alarm Keys/Passes:**
(List all personnel and include the following information):

Name: _____ **Title** _____
Length of Service: _____

K. **Persons with Access to Vault:**
(List all personnel and include the following information)

Name: _____ **Title** _____
Date of Birth: _____ **SS#** _____

L. **Persons with Access to Cage:**
(List all personnel and include the following information)

Name: _____ **Title** _____
Date of Birth: _____ **SS#** _____

M. **Employee Screening procedures (Describe hiring practices):**

_____
_____
_____
_____
_____

Cardinal Health, Inc.: DEA Registered Locations

Distribution Center	*Address*	*DEA Number*
Whitmire Dist. Corp. DBA Cardinal Health	7301 Los Volcanes Rd. NW Albuquerque NM 87121	RW0234928
Whitmire Distribution Corp. DBA Cardinal	914 Marcon Blvd. Allentown PA 18103	RW0191938
Whitmire Distribution Corp. DBA Cardinal	801 C St. N.W., Suite B Auburn WA 98001	RW0191813
Whitmire Distribution Corp. DBA Cardinal	2353 Prospect Dr. Aurora IL 60504	RW0231908
Whitmire Distribution Corp. DBA Cardinal	4770 (U) Forest St. Denver CO 80216	RW0192017
Whitmire Distribution Corp. DBA Cardinal	13188 Lakefront Drive Earth City MO 63045	RW0192106
Marmac Distributors, Inc. DBA Cardinal Health	4 Craftsman Road East Windsor CT 06088	RM0125484
Whitmire Distribution Corpora DBA Cardinal	3238 Dwight Road Elk Grove CA 95758	RW0236009
Whitmire Distribution Corp. DBA Cardinal	4 Girbraud Ct. Greensboro NC 27407	RW0243903
Ohio Valley-Clarksburg, Inc. DBA Cardinal Health	6540 Port Road Groveport OH 43125	RR0248179
Whitmire Distribution Corp. DBA Cardinal	7052 Grand Blvd. Ste. 112 Houston TX 77054	RW0191407
Whitmire Distribution Corp. DBA Cardinal	2901 Enloe St. Hudson WI 54106	RW0243725
Whitmire Distribution Corp. DBA Cardinal	7601 NE Gardner Avenue Kansas City MO 64120	RW0191926
Chapman Southeast, Inc. DBA Cardinal Health	2512 West Cott Blvd Knoxville TN 37931	RC0238104

Distribution Center	*Address*	*DEA Number*
Cardinal Southeast, Inc DBA Cardinal Health	2045 Interstate Drive Lakeland FL 33805	RC0182080
CORD Logistics	1135 Hell Quaker Blvd. Ste. 100 LaVergne TN 37086	RC0229965
Cardinal Southeast, Inc. DBA Cardinal Health	1240 Gluckstadt Road Madison MS 39110	RC0221236
National Specialty Services, Inc.	556 Metroplex Dr. Nashville TN 37211	RN0184363
Whitmire Distribution Corp. DBA Cardinal	1351 Doubleday Ontario CA 91761	RW0192168
Daly,James W. Inc. DBA Cardinal Health	11 Centennial Drive Peabody MA 01960	RD0108200
Packaging Coordinators, Inc.	3001 Red Lion Road Philadelphia PA 19114	RP0225284
Whitmire Distribution Corp DBA Cardinal	3821 East Broadway Phoenix AZ 85040	RW0224294
Whitmire Distribution Corp. DBA Cardinal	4422 South 38th Place Phoenix AZ 85040	RW0191940
Cardinal Southeast, Inc. DBA Cardinal Health	42 Ross Road Savannah GA 31405	RS0187612
Whitmire Distribution Corp. DBA Cardinal	955 West 3100 South South Salt La UT 84119	RW0191419
Cardinal Syracuse, Inc. DBA Cardinal Health	6012 Molloy Rd. Syracuse NY 13211	PC0003044
Whitmire Distribution Corp. DBA Cardinal	27680 Avenue Mentry Valencia CA 91355	RW0216449
Whitmire Distribution Corp. DBA Cardinal	7500 Mars Drive Waco TX 76712	RB0196522
Ohio Valley-Clarksburg, Inc. DBA Cardinal Health	71 Mil-Acres Dr. Wheeling WV 26003	RO0153609
National PharmPak Services, Inc.	3450 East Pike Zanesville OH 43701	RN0209583

Distribution Center	*Address*	*DEA Number*
Williams Drug Dist., Inc.	1000 Linden Ave. Zanesville OH 43701	PT0186038
National PharmPak Services, Inc	850 Airport Distribution Drive Zanesville OH 43701	RN0244967
National PharmPak Services, Inc	1000 Linden Avenue Zanesville OH 43701	RN0231427

FORM NAME:	**LIMITED POWER OF ATTORNEY**
FORM NUMBER:	**DEA # 25**
FUNCTION:	**Used for a change of pharmacy ownership and continuing operation on a previous owner's DEA registration.**

LIMITED POWER OF ATTORNEY

_____ (Name of Registrant)
_____ (Address of Registrant)
_____
_____ (DEA Registration Number)

WHEREAS, (hereinafter referred to as "Seller") and (hereinafter referred to as "Buyer"), have executed a Purchase Agreement dated and related documents, all with the intent of transferring a pharmacy currently known as (the "Pharmacy") and

WHEREAS, the transfer referred to in said Purchase Agreement is to take place, or has taken place, on or about and

WHEREAS, the parties to the Purchase Agreement and this Power of Attorney desire that the business carried on at shall continue without interruption while BUYER obtains a DEA registration andthe varicus licenses necessary in the State of and until the transfers referred to in said Purchase Agreement take place; and

WHEREAS, such licenses are currently possessed by the Seller.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained in the Purchase Agreement and related documents, and in an effort to implement the same, I, , who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents do make, constitute, and appoint , my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in accordance with Section 309 of the Controlled Substances Act (21 U.S.C. 828) and Part 305 or Title 21 of the Code of Federal Regulations for Pharmacy located at Such appointment shall authorize buyer to take all actions permitted by the undersigned pursuant to the aforesaid licenses, with respect to the management of the Pharmacy. I hereby ratify and confirm all that said Attorney-in-Fact shall lawfully do or cause to be done by virtue hereof; including the use of the DEA number of Seller until such time as a new DEA number and State pharmacy licenses are issued from the proper federal and state authorities.

IT IS FURTHER UNDERSTOOD that after the Closing Date in the Purchase Agreement, at such time as the undersigned no longer owns the assets of the pharmacy aforementioned, the operation of said pharmacy shall be solely in the control of Buyer and that nothing herein shall be construed so as to cause Buyer to be deemed the employee of the undersigned for any reason whatsoever, and that no action taken by Buyer shall give rise to any liability of the undersigned to any third party.

It is agreed by both parties that this appointment of Attorney-in-Fact shall terminate on the first to occur of Buyer obtaining all necessary licenses to operate the Pharmacy, or , 199 . (Power of Attorney cannot extend beyond 45 days of closing.)

By:_____

I, , accept the foregoing appointment, and I represent and warrant that I am a registered pharmacist, licensed to practice pharmacy in the State of , and I am the person named herein as Attorney-in-Fact and, that the signature affixed hereto is my signature.

By:_____

FORM NAME:	**DEA AND ARCOS DIVISION AUDIT RECAP**
FORM #:	**DEA # 26**
FUNCTION:	**Used to facilitate compliance with DEA record keeping and reporting requirements and assist the Corporate Compliance Department in monitoring divisional compliance and identifying potential problem areas.**
DISTRIBUTION:	**This form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department. One copy to your group office if applicable. One copy must remain on file at the division.**

Cardinal Health

DEA & ARCOS DIVISION AUDIT RECAP

te _____ Division _____

1. DP Number	Product	Counts Actual	QOH	Variance

Discrepancies to counts and follow-up action taken: _____

_____

2. Morgue - no controlled substances in morgue or in staging area for customer returns.
COMPLIANCE Yes _____ No _____

3. Receiving Area - No controlled substances left out or unattended in receiving.
COMPLIANCE Yes _____ No _____

4(a). Review of prior month's brown customer purchase copy of narcotic blanks.*
COMPLIANCE Yes _____ No _____

4(b). Review of prior month's DEA green copy of form 222.
COMPLIANCE Yes _____ No _____
Review of prior month's blue receiving copy of narcotic blanks for purchases
COMPLIANCE Yes _____ No _____
Division Manager or designee has approved and initialed blanks for excessive customer purchases.
COMPLIANCE Yes _____ No _____

7. DEA form 106 submitted timely to DEA for variances, losses or thefts.
Date variance occurred _____. Date loss/theft ocurred _____
Date form 106 was submitted _____. Date form 106 was submitted _____
(attach copy of Form 106)

8. DEA Form 41 submitted for destruction and verification of ARCOS submission.
COMPLIANCE Yes _____ No _____

9. Excessive purchase report on file with copies of contact sheets sent to state and local DEA offices.
COMPLIANCE Yes _____ No _____

10. ARCOS and DEA Submission control form with return receipt copy, from prior month.
COMPLIANCE Yes _____ No _____

11(a). Month-end physical cycle counts for vault and cage with no variances.
VARIANCES Yes _____ No _____ If no, how many new variances this month? _____

11(b). Compliance to follow-up variance procedures.
Yes _____ No _____

12. ARCOS errors report researched and resubmitted.
Yes _____ No _____

Attach copies of blanks found not to be in compliance.

_____
Division Manager's Signature

Program : QINV240J WHITMIRE DIST CORP- MILWAUKEE Run Date: 12/30/94
Report : QINV246R CONTROLLED SUBSTANCES INVENTORY Run Time: 19:49
Whse No.: 3034 Page : 1

The following report contains a complete inventory of Controlled Substances stocked at this distribution center warehouse at the close of business 12-30-94, in compliance with the Code of Federal Regulations:

#1304.13 BIENNIAL INVENTORY, and

ARCOS ANNUAL INVENTORY

Dist Center Manager

12/30/94
Date

Witness

12/30/94
Date

EXHIBIT A

60A*42	088-749	242		XANAX	TABS 0.25MG A
				100	000009-0029-01 UPJOHN COM
60A*51	258-350	118		APAP/COD	#3 TABS 30/300 A
				1000	000093-0150-10 LEMMON CO.
60A*52	859-001	19		ALPRAZOLAM	TABS 1MG A
				500	000781-1328-05 GENEVA PHA
60B*21	097-403	39		WYGESIC	TABS 65/650 A
				100	000008-0085-01 WYETH-AYER
60B*22	088-757	228		XANAX	TABS 0.5 MG A
				100	000009-0055-01 UPJOHN COM
60B*23	076-252	12		PROPRINAL	TABS A

EXHIBIT B

- STOP -

ANY UNAUTHORIZED PERSONNEL REQUESTING ENTRY INTO THE WAREHOUSE SHOULD BE INSTRUCTED TO RESPOND TO THE FRONT DOOR OF THE DISTRIBUTION CENTER

EXHIBIT C

RESTRICTED AREA
AUTHORIZED PERSONNEL ONLY

UNAUTHORIZED PERSONNEL ENTERING THIS AREA WILL BE SUBJECT TO SEVERE DISCIPLINARY ACTION INCLUDING DISCHARGE

THIS ANNOUNCEMENT MADE NECESSARY BY INCREASED STATE AND FEDERAL RESTRICTIONS PERTAINING TO THE HANDLING AND CONTROL OF DANGEROUS DRUGS.

RULES AND REGULATIONS AS PUBLISHED BY THE DRUG ENFORCEMENT ADMINISTRATION EFFECTIVE APRIL 17, 1975

1301.91 Employee Responsibility to Report Drug Diversion

Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program but also serves the public interest at large. It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area. The employer shall inform all employees concerning this policy.

1301.92 Illicit Activities by Employees

It is the position of DEA that employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee's violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee.

EXHIBIT D

EXHIBIT E

ANYONE CARRYING PERSONAL PACKAGES, LUNCHBOXES, LUNCHBAGS, OR PERSONAL CLOTHING INTO THE WAREHOUSE WILL BE SUBJECT TO SEARCH ON LEAVING THE PREMISES

This announcement made necessary by increased State and Federal restrictions pertaining to the handling and control of dangerous drugs

EXHIBIT F

GRR900 12/29/95 CARDINAL HEALTH, INC. PAGE 4

SUSPICIOUS ORDER

KINGSPORT

ITEM # DESCRIPTION SIZE FM PK NOV 94 DEC 94 JAN 95 FEB 95 MAR 95 APR 95 PAST MTH INCREASE

[redacted]

Bill Mason - Kis Booth

EXHIBIT G

Cardinal Health, Inc.

VIOLENCE PREVENTION PROCEDURES IN CASE OF ROBBERY

DO

REMEMBER, THE SAFETY OF YOU AND YOUR EMPLOYEES IS THE NUMBER ONE CONCERN.

KEEP IT SHORT AND SMOOTH. The longer the robbery takes, the more nervous the robber becomes.

- ❑ Handle the entire procedure as if you were making a sale to a customer.
- ❑ The average robbery takes less than two minutes.

OBEY THE ROBBER'S ORDERS. Robbers seldom hurt people who cooperate with them.

- ❑ Let the robber know that you intend to obey.
- ❑ If you are not sure of what the robber is telling you to do, ask.
- ❑ Keep calm and observe what the robber looks like and what he is wearing. Remember exactly what he says.
- ❑ Try to get the robber out of the building as soon as possible.

TELL THE ROBBER ABOUT ANY POSSIBLE SURPRISES.

- ❑ If you must reach for something or move in any way, tell the robber what to expect.
- ❑ If someone is in the cage or vault.
- ❑ If the alarm system must be turned off, tell the robber.

CALL THE POLICE. Do not hang up until they tell you to do so. Notify the Cardinal Health, Inc. Compliance Department as soon as possible.

- ❑ Keep their numbers near the phone.
- ❑ Stay on the phone until they tell you they understand and have all the information they need.
- ❑ Keep at least one line into the division open for incoming calls.
- ❑ Write down a description of the robber and what they said.
- ❑ Protect the crime scene. Discontinue business until the police are finished. Do not touch any evidence.

DON'T

DON'T ARGUE WITH THE ROBBER.

- ❑ Give him all the cash and merchandise he wants.
- ❑ Remember, the robber has the upper hand – follow instructions.

DON'T FIGHT WITH THE ROBBER.

- ❑ The merchandise is not worth risking physical harm.
- ❑ Trying to overtake a robber is foolish, not heroic.

DON'T USE WEAPONS.

- ❑ Weapons breed violence.

DON'T CHASE THE ROBBER.

- ❑ You could be mistaken as the robber by the police.

EXHIBIT H

CHART II
TABLE OF OFFENSES AND PENALTIES UNDER THE CONTROLLED SUBSTANCES ACT

	First Offense	Second Offense
REGISTRANT OFFENSES (COMMERCIAL) COMMITTED KNOWINGLY	Max: 1 yr., $25,000	Max: 2 yrs., $50,000
OTHER COMMERCIAL VIOLATIONS	Max: $25,000 (civil fine)	Max: $50,000 (civil fine)
DISTRIBUTION OF I & II SUBSTANCES NOT PURSUANT TO ORDER FORM, FALSE RECORDS, COMMUNICATIONS VIOLATION, ETC.	Max: 4 yrs., $30,000	Max: 8 yrs., $60,000
FELONY VIOLATOR AND ORGANIZER OR LEADER IN CONTINUING CRIMINAL ENTERPRISE (SUBSTANTIVE OFFENSE)	Max: Life, $100,000 Profits, Assets Min: 10 yrs.	Max: Life, $200,000 Profits, Assets Min: 20 yrs.
UNLAWFUL DISTRIBUTION, POSSESSION WITH INTENT TO DISTRIBUTE, MANUFACTURE, ETC. (INCLUDES REGISTRANTS) NARCOTICS IN SCHEDULES I & II	Max: 15 yrs., $25,000	Max: 30 yrs., $50,000 Special Parole: 6 yrs.
NONNARCOTIC SCHEDULE I, II AND ALL III SUBSTANCES	Max: 5 yrs., $15,000	Max: 10 yrs., $30,000
SCHEDULE IV SUBSTANCES	Max: 3 yrs., $10,000	Max: 6 yrs., $20,000
SCHEDULE V SUBSTANCES	Max: 1 yr., $5,000	Max: 2 yrs., $10,000
UNLAWFUL IMPORTATION OR EXPORTATION		
NARCOTICS IN SCHEDULES I & II	Max: 15 yrs., $25,000	Max: 30 yrs., $50,000
NONNARCOTIC SCHEDULE I & II AND ALL III SUBSTANCES	Max: 5 yrs., $15,000	Max: 10 yrs., $30,000
SCHEDULE IV SUBSTANCES	Max: 5 yrs., $15,000	Max: 10 yrs., $30,000
DANGEROUS SPECIAL DRUG OFFENDER WHO (A) IS AN ADULT AND (B) IS CHARGED WITH FELONY, AND 1) HAS TWO CONVICTIONS AND HAS SERVED TIME IN PRISON, OR 2) DEALS REGULARLY FOR PROFIT OR 3) IS AN ORGANIZER OF CONSPIRACY. (SENTENCING PROVISION)	Max: 25 yrs. Same fine otherwise prescribed	None
SIMPLE POSSESSION OR DISTRIBUTION OF ANY CONTROLLED SUBSTANCE FOR NO	Max:	Max:

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

S E L E C T E D I T E M A U D I T R E P O R T

'EM-035530 CHLORAL HYD 500MG SYR 100UD C4 100 EA EA VENDOR-11860 UDL LABORATORIES

DEA#-

PO BOX 10319
ROCKFORD , IL 611313019

:EIVED FROM- 1/01/95 TO-11/02/95

P.O. #	QTY ORD	QTY REC	DATE REC	DEA #	VENDOR (IF DIFFERENT FROM ABOVE)
1479400	1	1	7/12/95		JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1491400	1	1	7/20/95		JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1546800	1	1	8/07/95		JAMES W. DALY, INC., PO BOX 6041, PEABODY, MA 019616
1554600	2	2	8/09/95		CARDINAL SYRACUSE, 6012 MOLLOY ROAD, SYRACUSE, NY 13211

REDIT RETURNS

EMO #	RETRN	STOCK	VEND	CUST	CRD DATE	CUSTOMER	DEA #
20549	1	1			8/03/95	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
21019	1	1			8/10/95	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840

USTOMER SALES

VOICE	SHIP DATE	QTY	CUSTOMER	DEA #
46168	95/01/04	1	HIGH DESERT MEDICAL GROUP, 43845 N 10TH ST WEST, STE 2B, LANCASTER, CA 93534	BK2565022
67384	95/07/13	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
60331	95/06/30		ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
74154	95/07/24	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840
83528	95/08/08	1	JAMES WILLMOT CLINIC, 100 MEDICAL CENTER DRIVE, WOODRUFF, SC 293881	AJ7152197
81569	95/08/03		JAMES WILLMOT CLINIC, 100 MEDICAL CENTER DRIVE, WOODRUFF, SC 293881	AJ7152197
85953	95/08/10	1	ROBERT E HAWKINS DMD, 4201 SOUTH CLOVERLEAF, ST PETERS, MO 63376	AH8966840

ADJUSTMENTS

QUANTITY-	19	DATE- 2/24/95	ADJUSTMENT CODE- MINUS VERIFICATION	TEXT-EXPIRED MERCHANDISE
QUANTITY-	1	DATE- 8/03/95	ADJUSTMENT CODE- CREDIT RETURNS AUTHORIZED SCRP	TEXT-CUSTOMER RETURN

EXHIBIT I

EXHIBIT J

CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

UNITED STATES DEPARTMENT OF JUSTICE

DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

trolled Substances Act ~~ere~~ reads in part as follows:
304. (a) A registration pursuant to section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Attorney General upon a finding that the registrant-
(1) has materially falsified any application filed pursuant to or required by this title or title III,
(2) has been convicted of a felony under this title or title III or any other law of the United States, or of any State, relating to any substance defined in this title as a controlled substance; or
(3) has had his State license or registration suspended, revoked, or denied by competent State authority and is no longer authorized by State law to engage in the manufacturing, distribution, or dispensing of controlled substances.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RW0191685	05-31-96	$438.00

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,3,3N,4,5	DISTRIBUTOR	04-20-95

WHITMIRE DISTRIBUTION CORP
DBA CARDINAL HEALTH
3530 PAN AMERICAN FWY NE
ALBUQUERQUE, NM 87107

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

CAH SWE 019290

CAH_MDL_PRIORPROD_DEA07_01384153

EXHIBIT K

speedigram®

FROM BAILEY DRUG COMPANY, INC.
1000 LINDEN AVE.
ZANESVILLE, OH 43701

DEAR VALUED CUSTOMER,

ACCORDING TO OUR RECORDS, YOUR DEA REGISTRATION EXPIRES ON 8/31/95.
IN ORDER TO CONTINUE TO PROCESS YOUR CONTROLLED SUBSTANCE
ORDERS. PLEASE PROVIDE US WITH A COPY OF YOUR RENEWED DEA
REGISTRATION.
AT THIS TIME, WE ARE ALSO REQUESTING A COPY OF YOUR CURRENT STATE
LICENSE.

PLEASE SEND YOUR COPY TO THE ATTENTION OF LOREN TODD.

THANK YOU.

TO 20211
THE CLEVELAND CLINIC PHCY #2
CRILE BLDG-2ND FLOOR
2049 E. 100TH ST.
CLEVELAND, OH 44106

EXHIBIT L

December 1, 1995

DEAR VALUED CUSTOMER:

Our records indicate that your D.E.A. Registration Certificate expires as of _____.

Please provide us with a copy of your current Registration Certificate as soon as possible to avoid service interruption of Controlled Substance Items.

A self-addressed envelope is enclosed for your convenience.

Thank you in advance for your prompt attention to this matter.

Sincerely,

Division Manager

CARDINAL HEALTH
DEA REGISTRATION VERIFICATION FORM

Dear Customer:

The Code of Federal Regulations (21 CFR 1301.74(a)) requires that we maintain your current DEA and State registration numbers in our files. Please allow our sales representative to transcribe the pertinent information.

DEA CONTROLLED SUBSTANCES REGISTRATION CERTIFICATE

Customer Name: _____

Address: _____

_____

_____

Registration Number: ___/___ ___/___/___/___/___/___/___
Two letter prefix Seven letter suffix

Expiration Date: _____

(Circle permitted schedules 2 2N 3 3N 4 5)

STATE REGISTRATION CERTIFICATE

Registration (License) Number: _____

Expiration Date: _____

SIGNATURE _____
(Cardinal Health Sales Representative)

FOIA Confidential Treatment Requested By Cardinal

CONFIDENTIAL

CAH SWE 019293

CAH_MDL_PRIORPROD_DEA07_01384156

EXHIBIT M

un Date 11/08/95 16:46:05 — Solomons Company — Page: 1

onth : Oct 95 — Suspicious Order Monitoring — SOR130PF

actor Used: 2.0 — Arcos Report

For Hospitals/Managed Care

Order Date	Order Number	Item Number	NDC Number	Item Description	Narc Code	Qty Sold	Item Grams	Total Grams
ustomer: 1073 AMERICAN MEDICAL BILLING SERV 409A PLEASANT HOME RD AUGUSTA GA 30907 DEA BA4479019								
Ingredient: 9193 HYDROCODONE BITARTRATE								
10/30/95	2236093	103783	182-174505	HYDROCODN W/APA	3R	1	1.51125	1.51125
10/02/95	2216837	103783	182-174505	HYDROCODN W/APA	3R	1	1.51125	1.51125
10/11/95	2223938	116870	456-060101	BANCAP-HC 100S	3R	1	.30270	.30270
10/02/95	2216837	148976	59630-010004	PROTUSS LIQ 4OZ	3R	1	.07161	.07161
10/13/95	2225790	155501	50474-092501	LORTAB 2.5MG 10	3R	1	.15135	.15135
10/11/95	2223938	169533	50474-090916	LORTAB ELIXIR P	3R	1	.14323	.14323
10/31/95	2237143	231178	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
10/17/95	2227771	231178	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
10/05/95	2219561	231178	60951-064070	HYDROCODONE/APA	3R	1	.45405	.45405
							Customer Total:	5.05354
							Ingredient Limit:	4.86380
Ingredient: 9300 MORPHINE SULFATE.5H20								
10/23/95	2231056	116384	0-064901	MORPH SUL 2MG 1	2	2	.01504	.03008
10/19/95	2229180	127721	641-016825	MORPH SUL INJ 5	2	1	.11750	.11750
10/30/95	2235780	133809	54-378563	MORPHINE SUL 10	2	2	.75200	1.50400
10/09/95	2221139	133809	54-378563	MORPHINE SUL 10	2	2	.75200	1.50400
10/19/95	2229185	144667	641-234541	MORPH SUL INJ 1	2	5	.22560	1.12800
10/31/95	2236852	145056	54-052302	MSIR O/S CONC 2	2	2	1.80480	3.60960
10/16/95	2226768	181087	54-051410	MS CONTIN 15MG	2	1	1.12800	1.12800
10/02/95	2216465	181087	54-051410	MS CONTIN 15MG	2	1	1.12800	1.12800
10/31/95	2236852	234445	54-051810	MSIR 15MG 100S	2	1	1.12800	1.12800
10/31/95	2236852	234446	54-051910	MSIR 30MG 100S	2	1	2.25600	2.25600
							Customer Total:	13.53318
							Ingredient Limit:	12.24846
Ingredient: 9801 FENTANYL CITRATE								
10/16/95	2226768	104363	50458-003505	DURAGESIC 75MCG	2	1	.03750	.03750
10/05/95	2219349	104363	50458-003505	DURAGESIC 75MCG	2	2	.03750	.07500
10/16/95	2226768	104365	50458-003405	DURAGESIC 50MCG	2	3	.02500	.07500
10/05/95	2219349	104365	50458-003405	DURAGESIC 50MCG	2	2	.02500	.05000
10/02/95	2216465	104365	50458-003405	DURAGESIC 50MCG	2	3	.02500	.07500
10/30/95	2235780	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
10/16/95	2226768	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
10/02/95	2216465	204368	50458-003305	DURAGESIC 25MCG	2	3	.01250	.03750
							Customer Total:	.42500
							Ingredient Limit:	.27236

EXHIBIT N

LUDUB2U CUSTOMER DEA EXCEPTION REPORT PAGE NO. 4
CARDINAL HEALTH AVANNAH DATE 12/

CUST #	CUSTOMER	ADDRESS	CITY / STATE	ZIP	DEA NUMBER	DEA EXP. DATE
02955-0	SOUTHSIDE PHARMACY	2711 OLD SAVANNAH ROA	AUGUSTA GA	30906	AS1926952	02/28/97
18062-0	SCOTT'S PHARMACY	WAYNE & 15TH STREET	ALMA GA	31510	AS2009579	02/28/99
18074-0	SMITH'S DRUG STORE	P. O. BOX 388	WILLISTON SC	29853	AS2146303	02/28/97
02800-0	SAVERS DRUG STORE	2303 SKIDAWAY ROAD	SAVANNAH GA	31404	AS4879512	02/28/94
02710-0	ROGERS DRUG STORE	1429 NEWCASTLE ST.	BRUNSWICK GA	31520	AS5386087	02/28/99
11360-0	STRANGE DRUG CO	122 S JEFFERSON ST	DUBLIN GA	31021	AS8995295	02/28/97
18065-0	SCOTTIE DISCOUNT DRUG	9 S. FOREST AVE.	HARTWELL GA	30643	AS9319725	02/28/97
03795-0	ST. NICHOLAS PHARMACY	3105 BEACH BLVD.	JACKSONVILLE FL	32207	AS9486742	02/28/99
02595-0	PROFESSIONAL PHARMACY	103 PROFESSIONAL CTR	EASTMAN GA	31023	AT9068520	11/30/96
03028-0	THE PRESCRIPTION SHOP	413 MEMORIAL AVE.	ALLENDALE SC	29810	AT9435113	11/30/93
18297-0	WIL-BUN PHARMACY	3365 TAMERA LANE	ORANGEBURG SC	29115	AW0345252	05/31/94
03270-0	WRIGHT'S DRUG STORE	217 MAIN STREET	TIFTON GA	31794	AW1171343	05/31/97
18289-0	WILLIAMSBURG PRESC. C	101 SOUTH MAIN STREET	HEMINGWAY SC	29554	AW3096737	05/31/94
17020-0	AKINS PHARMACY	104-A SOUTHEAST BROAD	LYONS GA	30436	BA1599440	06/30/94
17094-0	BERKELEY PORT CITY	DRUG CO.	N. CHARLESTON SC	29406	BB1150907	07/31/93
17063-0	BAKER PARK PHARMACY	2750 SPEISSEGGER	N. CHARLESTON SC	29405	BB1649954	07/31/97
05360-0	T-2 MEDICAL, INC.	(BILL TO ONLY)	ALPHARETTA GA	30202	BC1795080	08/31/94
17255-0	CLARENDON DRUGS, INC.	1 N. BROOKS ST	MANNING SC	29102	BC1929415	08/31/95
01481-1	CAREMARK PHARMACY SER	1941 SAVAGE ROAD SUI	CHARLESTON SC	29407	BC2498435	08/31/96
01482-2	CAREMARK INC.	1200 WOODRUFF RD. UNI	GREENVILLE SC	29607	BC3517705	08/31/95
17666-0	COMP-RX-CARE INC.	116 WEST RICHARDSON A	SUMMERVILLE SC	29483	BC3880704	08/31/96
01480-0	CAREMARK PHARMACY SER	9143 PHILLIPS HIGHWAY	JACKSONVILLE FL	32256	BC4058473	08/31/97
01725-0	DANIEL'S PALMETTO PHA	6. PALMETTO AVE.	DENMARK SC	29042	BD3555387	06/30/96
01730-0	DOCTOR'S MED SUPPLY &	7634 A-2 SOUTH RAIL R	N. CHARLESTON SC	29406	BD3974121	06/30/97
01720-0	DARYL'S DISCOUNT DRUG	1205 GREENVILLE HIGHW	LYMAN SC	29365	BD3995959	06/30/97
10439-0	ECKERD'S #2710	1100 EISENHOWER DRIVE	SAVANNAH GA	31406	BE0201462	08/31/96
10422-0	ECKERD DRUG #2702	229 GENERAL SCREVEN D	HINESVILLE GA	31313	BE0277954	10/14/94
02090-0	HIOTT'S PHARMACY	373 WASHINGTON STREET	WALTERBORO SC	29488	BF3238436	09/30/95
17513-0	GATEWAY PHARMACY	401 NORTH AVE.	ATHENS GA	30601	BG3396947	09/30/95
17491-0	HAILEY'S DRUG STORE	P. O. BOX 219	HARTWELL GA	30643	BH0365266	10/31/96
10626-0	HARDEN'S PHARMACY	ASST IS CLOSED	DO NOT USE GA	31326	BH2234742	10/31/92
02048-8	HEALTH INFUSION INC.	9440-3 PHILLIPS HWY	JACKSONVILLE FL	32256	BH2733459	10/31/96
17563-0	ISLAND PHCY SERVICES	9-F HUNTER RD.	HILTON HEAD SC	29925	BI2513706	11/30/96
02130-0	INMAN DRUGS INC.	3 BLACKSTOCK ROAD	INMAN SC	29349	BI2900721	11/30/94
10402-0	INFUSION THERAPIES	1210 E DERENNE AVE	SAVANNAH GA	31406	BI3012781	11/30/94
17635-0	JOHNSONVILLE PHARMACY	P.O. BOX 989	JOHNSONVILLE SC	29555	BJ1231517	12/31/93
17633-0	JOHN BECK PHCY SERVIC	D/B/A HESS FAMILY DRU	OAKWOOD GA	30566	BJ2760076	12/31/93
03589-0	JACKSONVILLE FACULTY	CLINIC	JACKSONVILLE FL	32209	BJ2770065	12/31/96
17634-0	JOHN BECK PHARM. SERV	D/B/A FAMILY DRUGS	OAKWOOD GA	30566	BJ2867577	12/31/94
02226-0	WESTSIDE PHARMACY	3624 J. DEWEY GRAY CI	AUGUSTA GA	30909	BL0157758	03/31/94
10803-0	LIFELINE PHARMACY	4704 AUGUSTA ROAD	GARDEN CITY GA	31418	BL3872808	03/31/97
17791-0	MCLESKY TODD DRUG	554-D MEMORIAL DR EXT	GREER SC	29651	BM0497241	01/31/97
17743-0	MADDEN'S PRESC. SHOP	62 CHESTNUT STREET	ELBERTON GA	30635	BM2062646	/ /
11277-0	SCOTTIE DISCOUNT DRUG	265 KING ST	CHARLESTON SC	29401	BM2303282	01/31/96
02292-0	KIMBERLY QUALITY CARE	D/B/A COMPREHENSIVE	SAVANNAH GA	31406	BM2434330	01/31/93
02294-0	MAIN STREET PHARMACY	306 MAIN STREET	BLACKVILLE SC	29817	BM2441094	01/31/96
02416-0	MEDICAL PAVILION PHCY	25 HOSPITAL CTR. BLVD	HILTON HEAD SC	29926	BM3942249	01/31/97
02480-0	NAVCARE PHARMACY-MAYP	2444 MAYPORT RD. #11	JACKSONVILLE FL	32233	BN1575387	10/31/94
02565-0	PHAR - MOR #104	660 SPARTAN BLVD	SPARTANBURG SC	29301	BP1111599	03/31/96
02566-0	PHAR - MOR #210	2441 WHISKEY ROAD SOU	AIKEN SC	29801	BP2269389	03/31/96

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019295

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01384158

EXHIBIT O

See Reverse of PURCHASER'S Copy for Instructions

No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1305.04).

OMB APPROVAL No. 1117-0010

TO: (Name of Supplier)
JAMES W. DALY, INC.

STREET ADDRESS
11 CENTENNIAL DRIVE

CITY and STATE
PEABODY, MA 01961

DATE
11/06/92

TO BE FILLED IN BY SUPPLIER
SUPPLIERS DEA REGISTRATION No.

TO BE FILLED IN BY PURCHASER

LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	1	100	PERCODAN XXXTABS			
2	1	500	PERCOCET NNNTABS 5/325			
3	1	118 ML	OPIUM TINCTURE LIQD			
4	1	100	CODEINE SULFATE XXXTABS 15MG			
5	1	500 ML	ROXICET ORAL SOLN 5MG			
6	1	100	MS CONTIN CR TABS 15MG			
9						
10						

6 ◀ NO. OF LINES COMPLETED

SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT
T Rich Combs

Date Issued
10-30-92

DEA Registration No.
BW3397951

Name and Address of Registrant
WALGREEN EASTERN CO INC, C2823
DBA: WALGREENS
641 WESTERN AVE
LYNN, MA 01905

Schedules
2,2N,3,3N,4,5

Registered as a
RETL PHARMACY

No. of this Order Form
922280221

DEA Form 222
(Aug. 1990)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION
SUPPLIER'S Copy 1

46408031

FOIA Confidential Treatment Requested By Cardinal

CAH SWE 019296

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01384159

Excessive Purchases
Schedule II

EXHIBIT P

Product	Strength	Dosage Limit	
		Hospital	Retail
Codeine Sulf	All	800 Tabs	400 tabs
Dextroamphetamine (Dexedrine, Dextrastat)	All	700 Tabs/Spans	800 Tabs/Spans
Desoxyn	All	300 Tabs/Grad	500 Tabs/Grad
Hydromorphone (Dilaudid)	All	900 Tabs	500 Tabs
Methadone (Dolophine)	All	2000 Tabs	700 Tabs
Meperidine (Demerol, Meprozine, Mepergan Fortis)	All	600 Tabs	400 Tabs
Methlyphenidate (Ritalin)	All	800 Tabs	800 Tabs
Morphine Sulfate (MS Contin, MSIR, Oramorph)	All	600 Tabs	500 Tabs
Oxycodone/Acet (Tylox, Roxilox, Roxicet, Percocet, Endocet)	All	3800 Tabs/Caps	1200 Tabs/Caps
Oxycodone/Asa (Percodan, Endodan, Roxiprin)	All	500 Tabs	500 Tabs
Oxycodone (Oxcontin, Roxicodone)	All	800 Tabs	600 Tabs

Excessive Purchases
Schedule III, IV, V

EXHIBIT P

Product	Strength	Dosage Limit Hospital	Dosage Limit Retail
Acetamenophen w/Cod (Tylenol w/Cod, Phenaphen)	All	1400 Tabs	1300 Tabs
Alprazolam (Xanax)	All	1400 Tabs	2500 Tabs
Butalbital Compound (Florinal w/Cod, Fiortal, Fioricet w/ Cod)	All	500 Tabs/Caps	500 Tabs/Caps
Aspirin w/Cod	All	300 Tabs	400 Tabs
Clorazephate (Klonopin)	All	1000 Tabs	800 Tabs
Clorazephate (Tranxene)	All	700 Tabs	1300 Tabs
Diazepam (Valium)	All	1000 Tabs	2500 Tabs
Dexfenfluramine (Redux)	All	400 Caps	500 Caps
Diphenoxylt/Atropine (Lomotil, Lonox)	All	1600 Tabs	7500 Tabs
Dronabinol (Marinol)	All	300 Tabs	400 Tabs
Fenfluramine HCL (Pondimin)	All	800 Tabs	1700 Tabs
Hydrocodone (Anexsia, Dolaset, Hydrocet, Hycodan, Hyphen, Lorcet, Lortab, Zydone, Vicodin)	All	1200 Tabs/Caps	800 Tabs/Caps
Lorazepam (Ativan)	All	1200 Tabs	2400 Tabs
Meprobamate (Miltown, Equanil)	All	600 Tabs	1400 Tabs
Phentermine (Ionamin, Fastin, Adipex-P)	All	600 Tabs	1100 Tabs
Pentazoline (Talwin, Talacen)	All	700 Tabs	700 Tabs
Propoxyphene (Darvon, Darvocet, Propacet)	All	1100 Tabs	1900 Tabs
Temazepam (Restoril)	All	700 Caps	800 Tabs

Exhibit Q

Error Correction

In the following examples, assume the worst case --- the order was shipped to the customer. Also assume the shelf count confirms the error.

Although these examples only address shipping errors involving Schedule II controlled substances, certain portions of the corrective action processes also apply to shipping errors involving Schedule III-V controlled substances which must be handled in a similar fashion.

Example 1: A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 10mg 100. The order filler picks Ritalin 10mg 100. **Customer receives and is invoiced for the wrong item.**

Corrective Action:

- Request the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date, change the blank number in the ARCOS record. The blank number cannot be changed on the invoice.
- Key in the original blank with the correct item (Ritalin 5mg 100). Pick, bill, and ship the product. Attach a legible statement, preferably typed, to the original blank which reflects the correct NDC, ship quantity and date. Create an invoice and ARCOS record for the correct item.
- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to customer.

Example 2: A customer orders Ritalin 5mg 100. The order is keyed as Ritalin 5mg 100. The order filler picks Ritalin 10mg 100. **Customer gets wrong item, but is invoiced for the right item.**

Corrective Action:

- Have the customer submit a blank for the mispicked item (Ritalin 10mg 100). Have the customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date. Key in an order for the mispicked item (Ritalin 10mg 100), but do not ship the product. The customer will receive an invoice, but no product.
- Ship the correct product (Ritalin 5mg 100) from the original blank. The customer will get product, but no invoice.
- Change the ship dates of the products in the ARCOS records. The original invoice cannot be changed to reflect the actual ship date.

- If the customer wants to return the mispicked item (Ritalin 10mg 100), issue a blank to the customer to buy back the product. Upon receipt, issue credit to the customer.

Example 3: A customer orders 5xRitalin 5mg 100. The order is keyed as 10xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. **Customer was billed for and received more than what he ordered.**

Corrective Action:

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record actual ship date of product.
- Correct the ARCOS record to show correct ship quantity for original blank. The blank number and ship quantity cannot be changed on the invoice. Create another ARCOS record to show ship quantity, date, and blank number of overshipment.
- Correct the ship quantity on the original blank by drawing a line through the incorrect quantity and entering the correct quantity.
- If the customer wants to return the extra product, issue a blank to the customer. Upon receipt of the overshipment, issue credit to the customer.

Example 4: A customer orders 5xRitalin 5mg 100. The order is keyed as 5xRitalin 5mg 100. The order filler picks 10xRitalin 5mg 100. **Customer received more than what he ordered or was billed.**

- Request the customer submit a blank for the additional product. Have customer back date the blank to reflect the original order date.
- Review the blank for accuracy, record the actual ship date of the product.
- Key in an order for the overshipment, but do not ship product. Reference the actual ship date in the text field of the order.
- Modify the ARCOS record to show the correct ship date of the product.

Exhibit R

RUN DATE: 7/14/99 7:54:53 — CARDINAL - SYRACUSE — PAGE: 1

MCA Dosage Limit Report (DETAIL)

MONTH : JUN 1999 — FOR HOSPITAL/MANAGED CARE — MCAJ007P1

Invoice Date	Invoice Number	Item Number	NDC Number	Item Description	Form		Qty Sold	Item Dosage	Total Dosage
Customer: 349902 WILKES-BARRE GEN HOSP RT140- N. RIVER & AUBURN ST.				WILKES BARRE		PA 18764-0000		DEA Lic: AW2452655	
INGREDIENT: 002 PSEUDOEPHEDRINE									
6/02/1999	8366378	1098649	45040542	TYLENOL SINUS MAX STRN 24		TB	8	24	192
6/05/1999	8377413	1098649	45040542	TYLENOL SINUS MAX STRN 24		TB	48	24	1,152
6/10/1999	8389560	1098649	45040542	TYLENOL SINUS MAX STRN 24		TB	60	24	1,440
6/19/1999	8416539	1286640	54474325	PSEUDOEPHED HCL 30MG 100	ROX	TB	100	100	10,000
6/16/1999	8405162	1321785	536302135	ALLERPRIM 24 OTC BLST	WAT	TB	12	24	288
6/19/1999	8416539	1321785	536302135	ALLERPRIM 24 OTC BLST	WAT	TB	12	24	288
							CUSTOMER TOTAL:		13,360
							INGREDIENT LIMIT:		10,174
Customer: 620188 GEO MOTCHAN DETENTION CTR				15-15 HAZEN STREET		EAST ELMHURST	NY 11370-0000	DEA Lic: AM6222525	
INGREDIENT: 003 PHENYLPROPANOLMINE									
6/03/1999	8369699	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/03/1999	8369701	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	4	100	400
6/04/1999	8373353	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/07/1999	8377935	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/07/1999	8377942	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/07/1999	8377946	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	2	100	200
6/07/1999	8378427	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/10/1999	8389164	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/10/1999	8389165	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	6	100	600
6/11/1999	8392866	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/14/1999	8397468	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/14/1999	8397471	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/17/1999	8409076	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/18/1999	8412502	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/18/1999	8412503	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/18/1999	8412504	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	4	100	400
6/21/1999	8417127	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/21/1999	8417137	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	1	100	100
6/21/1999	8417142	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	4	100	400
6/24/1999	8429811	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/24/1999	8429813	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	4	100	400
6/25/1999	8433446	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	10	100	1,000
6/25/1999	8433447	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/28/1999	8437992	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	1	100	100
6/28/1999	8437996	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	5	100	500
6/28/1999	8437998	1361005	31227764	DIMETAPP EXT 100 UD 2277-64		TB	4	100	400
							CUSTOMER TOTAL:		16,500
							INGREDIENT LIMIT:		4,121

*** END OF REPORT ***

Exhibit R

United States Department of Justice
Drug Enforcement Administration
Office of Diversion Control
Suspicious Orders Task Force

EXHIBIT II

SUSPICIOUS ORDER REPORTING SYSTEM OF 1998
For Use in automated tracking systems

The Current Calculation Being Used
for List I Chemicals and Schedule II - V Controlled Substances

Terms & Definitions

This formula is used to calculate the quantity which, if exceeded in one month, constitutes an order which may be considered excessive or suspicious.

1) Add purchase quantities for the last 12 months for all customers within same Distribution Center and for customer type (Hospital, Pharmacy or Other) for any List I chemical containing item stocked by the Distribution Center.

2) Add Customer months for every record used in above total. (Months within the last 12 that customer purchases of the item were not zero).

3) Divide total quantity purchased by the total customer months.

4) Then multiply by the factor below to give the maximum amount that the customer can order per month before showing up on the suspicious order report.

   Note: Factor equals 3 for C-II and C-III Controlled Substances Containing List I Chemicals and 8 for C-III N-V Controlled Substances and non-Controlled OTC products containing List I chemical items.

5) At the end of each month, a report will be transmitted to DEA (separate reports for List I Chemicals and Schedule II - V Controlled Substances) of all purchases of List I Chemicals and/or C-II-V Controlled Substances and List I containing OTC items by any customer whose purchase quantities exceed the parameters (above) any (2) consecutive months or in three (3) of any moving six (6) month period.

Using a computer to manage and report on high volume transaction business activities with extremely short order cycles times (receipt to delivery) is the only viable, cost effective methodology for the reporting of orders which may be considered excessive or suspicious.

DEA
COMPLIANCE MANUAL

APPENDIX E

Methamphetamine Control Act Products

ndc	descrip	form	misc1	vendor	DP number	cin	descrip	dsys	type	code
00024-1006-10	! BRONKOTABS	TAB		SANOFI PHARMACEUTICALS	95486	1285618	BRONKOTABS 100 1197 SNF	6	EPH	E
00024-4081-02	BRONKAID	TAB		BAYER CONSUMER	94579	1335611	BRONKAID TAB 24S #0090	6	EPH	E
00024-4081-06	BRONKAID	TAB		BAYER CONSUMER	150991	1190206	BRONKAID TAB 60S #0092 BREON	6	EPH	E
00536-4648-01	! THEODRINE	TAB		RUGBY	501549	1213131	THEODRINE TB 100 RUG	6	EPH	E
00536-4648-10	! THEODRINE	TAB		RUGBY	501557	1213214	THEODRINE TAB 1M 6480 RG	6	EPH	E
00573-2932-10	! PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	362913	1156868	PRIMATENE TAB 24S 2932-10	6	EPH	E
00573-2932-20	! PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	362948	1156876	PRIMATENE TAB 60S 2932-20	6	EPH	E
00573-2942-10	PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	857050	1699982	PRIMATENE DUAL TB 24S 294210	6	EPH	E
00573-2942-20	PRIMATENE	TAB		WHITEHALL ROBINS HEALTHCARE	857068	1699974	PRIMATENE DUAL TB 60S 294220	6	EPH	E
00573-2952-05	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241970	2423077	PRIMATENE TB 12 NEW FORMULA	6	EPH	E
00573-2952-10	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241962	2423085	PRIMATENE TB 24 NEW FORMULA	6	EPH	E
00573-2952-20	PRIMATENE	TAB	12.5-20	0 WHITEHALL ROBINS HEALTHCARE	241628	2423069	PRIMATENE TB 60 NEW FORMULA	6	EPH	E
00677-0066-01	! EPHEDRINE SU	CAP	25MG	URL	552429	1310424	EPHEDRINE SULF CAP3/8GR100 URL	6	EPH	E
00143-3145-01	EPHEDRINE SU	CAP	25MG	WEST-WARD	343056	2186328	EPHEDRINE SULF CP 25MG 100 WWI	7	EPH	E
00074-6883-04	QUELIDRINE	SYP		ABBOTT	153052	1039874	QUELIDRINE SR 4OZ 6883-04 ABL	8	EPH	E
00143-3145-10	EPHEDRINE SU	CAP	25MG	WEST-WARD	417785	2186336	EPHEDRIN SULF CP 25MG 1M WW	8	EPH	E
00182-0871-10	! EPHEDRINE SU	CAP	25MG	GOLDLINE	128007	1605054	EPHEDRINE SULF 3/8GR CAP 1M GL	8	EPH	E
00223-0620-01	EPHEDRINE SU	CAP	25MG	CONSOLIDATED MIDLAND CORP	724831	1605427	EPHEDRINE CAP 25MG 100S	8	EPH	E
00472-1552-16	! THEOMAX DF	SYP		BARRE-NATIONAL	483850	1515438	THEOMAX DF SYP PT NAT	8	EPH	E
00677-0066-10	! EPHEDRINE SU	CAP	25MG	URL	552445	1347137	EPHEDRINE SULF CAP 3/8GR M URL	8	EPH	E
50732-0878-16	! THEOLIXIR	ELX		ZENITH GOLDLINE SHREVEPORT INC	826920	2157931	THEOLIXIR 16OZ HNN	8	EPH	E
00024-1004-16	! BRONKOLIXIR	ELX		SANOFI PHARMACEUTICALS	95494	1128172	BRONKOLIXIR PT 1200 SNF	11	EPH	E
00182-1002-01	! TEDRIGEN	TAB		GOLDLINE	130966	1697762	TEDRIGEN TAB 100S GL	49	EPH	E
00074-4745-01	SAD BLOCK-26	KIT	26GX3.5	* ABBOTT HOSP	904198	1570241	SADDLEBLOCK ANESTH/INTROD TR 10	56	EPH	E
00074-4773-01	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	524514	2252674	SPINAL ANESTH TR 22G T-E+E 2.5ND	56	EPH	E
37205-0563-59	INHALER	INH	DECONG	S LEADER BRAND PRODUCTS	965367	2283117	LDR INHALER DECONGESTANT .007OZ	70	EPH	E
00182-1002-10	! TEDRIGEN	TAB		GOLDLINE	319678	1697770	TEDRIGEN TAB 1M GL	80	EPH	E
00677-0148-01	! THEOPHENYLLI	TAB	#1	URL	552291	1311240	THEOPHENYLN #1 TB 100 URL	80	EPH	E
50930-0281-01	! PRETZ-D	SPR	0.25%	PARNELL	907146	2205193	PRETZ-D NASAL W/TIP DROP 15ML .25	80	EPH	E
50930-0281-50	PRETZ-D	SPR	0.25%	PARNELL	41793	2087260	PRETZ-D SP 50ML 0.25% EPHEDRINE	80	EPH	E
00037-0561-92	LUFYLLIN-EPG	TAB		WALLACE	91634	1061365	LUFYLLIN-EPG TB 100 WAL	85	EPH	E
00037-0555-68	! LUFYLLIN-EPG	ELX		WALLACE	227854	1061373	LUFYLLIN-EPG ELX PT 5550Z WAL	85	EPH	E
00037-0717-92	RYNATUSS	TAB		WALLACE	91944	1032598	RYNATUSS TB 100 WAL	85	EPH	E
00037-0717-95	RYNATUSS	TAB		WALLACE	52809	2385334	RYNATUSS TB 60/10 2000 WAL	85	EPH	E
00037-0717-96	RYNATUSS	TAB		WALLACE	264024	2302388	RYNATUSS TB 500 WAL	85	EPH	E
00037-0718-67	RYNATUSS PED	SUS		WALLACE	121592	1180116	RYNATUSS SS 240ML PED WAL	85	EPH	E
00037-0718-68	RYNATUSS PED	SUS		WALLACE	91952	1002559	RYNATUSS SS 480ML PED WAL	85	EPH	E
00044-4520-02	QUADRINAL	TAB		KNOLL LABORATORIES	48186	1110766	QUADRINAL TB 100 KNL	85	EPH	E
00049-2540-66	MARAX	TAB		PFIZER U.S.	112003	1283787	MARAX TB 100 PFZ	85	EPH	E
00049-2540-73	! MARAX	TAB		PFIZER U.S.	112011	1144815	MARAX TB 500 PFZ	85	EPH	E
00049-2550-93	MARAX DF	SYP		PFIZER U.S.	245232	1003953	MARAX DF SR 480ML PFZ	85	EPH	E
00074-1224-01	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	755680	2301596	SPINAL ANESTH TR 22G BUP/EPI/EP10	85	EPH	E
00074-1224-03	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	260702	2607026	SPINAL ANESTH TR 22G W/DRUGS ABH	85	EPH	E
00074-1225-01	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	755699	2301604	SPINAL ANESTH TR 22G BUP/EPI/EP10	85	EPH	E
00074-1225-03	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	358814	2473189	SPINAL ANESTH TR 25G W/DRUGS 10	85	EPH	E
00074-3073-03	EPHEDRINE SU	INJ	50MG/ML	ABBOTT HOSP	308269	1451368	EPHEDRINE SULF AM 50MGML 100X1ML	85	EPH	E
00074-3073-31	EPHEDRINE SU	INJ	50MG/ML	ABBOTT HOSP	359238	2469179	EPHEDRINE SULF SD 50MG 50X1ML ABH	85	EPH	E
00074-3099-01	SPINAL-26	KIT	26GX3.5	* ABBOTT HOSP	904228	1965292	SPINAL ANESTH TR 26G BUP/EPI/EP10	85	EPH	E
00074-3716-01	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	971928	2328250	SPINAL ANESTH TR 22G BU/DX/EPH/EP	85	EPH	E
00074-3717-01	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	971936	2328268	SPINAL ANESTH TR 25G BU/DX/EPH/EP	85	EPH	E
00074-4735-01	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	381705	1570233	SPINAL ANESTH TR 25G TET/EPH3.5ND	85	EPH	E
00074-4773-02	SPINAL-22	KIT	22GX3.5	* ABBOTT HOSP	917265	2390706	SPINAL ANESTH TR 22G TET/EPH/EPI	85	EPH	E
00074-4774-01	SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	753211	2132991	SPINAL ANESTH TR 25G TET/EPH/EP10	85	EPH	E
00074-4774-02	! SPINAL-25	KIT	25GX3.5	* ABBOTT HOSP	917281	2390698	SPINAL ANESTH TR TET/EPH/EPI/IOD	85	EPH	E
00074-4796-01	SPINAL-26	KIT	26GX3.5	* ABBOTT HOSP	904236	1961283	SPINAL ANESTH TR 26G EPH/EPI 10	85	EPH	E
00095-0050-01	MUDRANE	TAB		ECR/POYTHRESS	281980	1374339	MUDRANE TB 100 ECR	85	EPH	E
00095-0051-01	MUDRANE-GG	TAB		ECR/POYTHRESS	175242	1865468	MUDRANE GG TB 100 ECR	85	EPH	E
00095-0053-16	! MUDRANE-GG	ELX		ECR/POYTHRESS	312118	1865450	MUDRANE-GG ELIXIR PT ECR	85	EPH	E